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ABSTRACT

This document consists of the four issues of the "IACD Quarterly" published in 1990. Articles in this volume include: (1) "A Comprehensive Program for Reducing School Anxieties in College Students" (David Ross); (2) "Issues in Child Custody Determination in Illinois" (Amy Jo Buwick); (3) "Finding Meaning in the Here and Now Through Gestalt Therapy and Transactional Analysis" (Raymond Marchi); (4) "The Role of the Counselor in the Treatment of the Adult Transsexual Client" (Stephany Joy and Denise Knotts); (5) "Counseling the Extended Families of Military Personnel Serving in the Middle East" (Keren Humphrey); (6) "An Evaluation of the Academic Success of Counseled Adult Students" (Peggy Woodard and David Suddick); (7) "Gestalt Therapy - Has the Here and Now Gone and Went?" (Jeffrey Edwards); (8) "Nourishing #1" (Robert Saltmarsh and Julia Shuppert); (9) "Computer Applications in Human Service Settings" (Anita Curtis); (10) "Computer Assisted Follow-Up Studies of Counselor Education Program Graduates" (Anita Curtis, Donna Bruyere, and Patricia Klass); (11) "Horizons: A Computerized Career Information Delivery System for Illinois" (Diane Kjos); (12) "A Personalized Examination of the Acquisition of Basic Computer Skills by Counselors" (Kathleen Byron); (13) "The Use of Concepts to Do Counseling: Artificial Intelligence & Expert Systems" (Michael Illovsky); (14) "Cognitive Apprenticeship: Implications for Cognitive Reframing in Counseling" (Annette Buckmaster, James Farmer, and Barbara LeGrand); (15) "Empowering the College Freshman" (James Johnson); (16) "Helping the Helpers: Stress Management and Burnout for Counselors" (Olive Poliks); (17) "'Bark' and 'Peak' Two Models of Married Life" (Robert Saltmarsh); and (18) "Career Services: Alumni versus Enrolled Students' Needs" (Judith Hinga). (NB)

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IACD quarterly

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Contents:

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A Comprehensive Program for Reducing School Anxieties in College Students

David B. Ross

For as long as there have been students in school and tests and other evaluations given, there have been students anxious about their school performance. In recent decades there have been volumes of materials written on the subject of school anxieties, particularly in the areas of test and math anxiety. As part of a study looking for trends in test anxiety, Hembree (1988) reviewed 562 studies on the subject! Among the treatment methods there is nothing that can be called "new" or "revolutionary." Most of the effective treatment approaches use very ordinary and common sense approaches to reducing student concerns.

The purpose of this article is to summarize methods used in the treatment of school anxieties in college students, and to suggest the elements that should be included in a comprehensive program. This review was conducted as part of the sabbatical leave project of this author from the College of Lake County. Much of the information presented is based upon years of experience with students exhibiting test, math or speech anxiety.

The first step in the process is to define what is meant by school anxieties. Students express it better than others:

> I just don't know what happened. I had studied my brains out and when I got to the test and my mind just went blank. Then my stomach started to churn. I couldn't do anything to get going. I was able to answer a few questions, but I just know I failed it. My teacher is going to think I'm crazy, because I always participate in class and understand what is going on.

> It has been that way ever since I have been a little girl. I just don't have a mind for math. I can recall having to do problems on the board in elementary school and being

David B. Ross, EdD, is a counselor at College of Lake County, Grayslake, IL. He gave this presentation at the Chicago LACD Convention, November, 1989.

embarrassed about it. Now that I am an adult I should be able to put that behind me. But I sat there in class today and got more and more frustrated with myself and wasn't able to listen to the teacher.

I simply won't take that speech class. I just can't do it. My hands shake, I feel like I am going to faint, I start sweating like I am in a sauna. Maybe I just won't graduate and will go to another school where I don't have to take it.

Counselors in colleges and high schools hear comments like this on a daily basis. Students get strong physical and emotional reactions and cannot perform. They may be good students, poor students, returning adults, but they have one thing in common: a school related anxiety that prevents them from becoming successful. We can operationally define "School Anxiety" by saying that it is a strong *physical* and *psychological* reaction that seriously impairs student performance. Because of the physical and psychological reactions found in anxiety, treatment should include procedures to deal with both areas.

TYPICAL APPROACHES TO TREATMENT

Historically numerous "schools" of thought have suggested treatment methods for school anxieties. Unfortunately, many of these treatment approaches have used focused, rather than comprehensive methods that incorporate several different techniques. Some of the traditional treatment approaches include:

Behavioral

This approach is best represented by the applications of Wolpe's (1982) work with systematic desensitization. The use of desensitization and other deconditioning approaches in schools have been popular and effective for over twenty years.

Cognitive

The work of Albert Ellis (Ellis & Harper, 1975; Ellis & Grieger, 1977) has greatly influenced the treatment of school anxieties and many counselors help students analyze belief systems as a way to reduce some of the strong emotional reactions involved in anxiety.

Skills Development

This method is the traditional way to reduce student anxiety; teach the students how to learn, help them master the materials, and they will perform better in school. Generally this is typified in treatment by teaching students study skills (D. Ellis, 1985; Devine & Meagher, 1989).

Stress Management

The 1970's and 80's could almost be called the "era of stress management." Thousands of articles and instructional materials have been produced and nearly all schools offer some assistance in this area for students, including: time management, exercise, lifestyle management, diet analysis, and relaxation training. It is difficult to identify a single representative author because of the tremendous volume of materials produced on this subject.

All of the above approaches have benefits and are effective, but tend to focus on only one element of the problem. Systematic desensitization will help a student become more relaxed in a testing situation but cannot overcome poor study habits or a stressful life situation. Generally school performance problems result from multiple causes. A survey of 319 students at the College of Lake County during the Fall 1989 semester by this author helped confirm the belief that students need help in a variety of areas. The students averaged less than one hour of study per week for every credit hour they took, and the most popular method of preparing for a test was to "cram" (63.3%). Only 23% of the students said they ate three balanced meals per day, and 51% of the students who identified themselves as high test anxious stated that their life is often stressful. So in addition to dealing with the physical and mental manifestations of the anxiety, the students need assistance in study preparation and lifestyle management.

A limitation of treatment as found on college campuses is that of time. It is difficult to keep students for a long period of time in a treatment group, so the tendency is to offer one-time workshops on subjects such as: test-taking skills, time management, test anxiety, how to study, and stress management. In September 1989 100 Midwest community colleges and universities were briefly surveyed to determine the type of anxiety reduction services they offered. A total of 73 schools responded and the overwhelming majority stated that they provided individual counseling for anxiety (97%) and short-term workshops on school

anxiety related subjects (68%). A much smaller percentage stated that they offered longer term groups: Test Anxiety (31%), Math Anxiety (26%), Speech Anxiety (7%). A telephone follow-up with some of these schools suggested, however, that many of the group treatments for anxiety were actually having the students participate in a study skills class or work regularly with a tutor. The results of the survey indicated that only a few schools offer comprehensive group treatments for the reduction of school anxieties.

Integrated approaches to dealing with school anxieties are ones that incorporate multiple treatment strategies. An example is Arden Watson's work on the reduction of communication apprehension (Watson, 1986; Kelly & Watson, 1986). As part of a basic Speech class students analyze their communication skills and set specific goals, participate in systematic desensitization and use the Ellis "A-B-C" model to analyze their thinking.

Another positive development is what can be called "Anxiety Management" programs that incorporate clinical treatment strategies into a Cognitive/Behavioral approach to reducing anxiety (Meichenbaum & Cameron, 1983; Ottens, 1984; Wilson, 1986). The anxiety management approaches assume that anxiety will occur and teach the client various coping strategies to handle it, such as: relaxation, positive imaging, and positive self-talk.

Most school anxiety desensitization uses the traditional approach of Wolpe that introduces the scenes by mental images. Clinical treatment of anxiety, however, uses "In Vivo" desensitization or what is called "exposure therapy." (Greist, Jefferson, & Marks, 1986, p. 107). Instead of using mental images, clients actually face the real fear in a graduated manner. In other words, "live desensitization." This method can be used in school settings as well. Students can be taught to relax then face the anxious situation. For example, a student with severe math anxiety can be taught to keep the body relaxed while studying or in math class. This will eventually desensitize the student to the math and gradually reduce the physical anxiety reaction.

RECOMMENDED MODELS OF THE TREATMENT OF SCHOOL ANXIETY

Anxiety in school is a complex reaction that involves both physical and psychological components. If permanent behavioral and attitude change is to occur, a comprehensive approach has

to be used. Brief, disconnected workshops will not cause significant change in student behavior. Individual counseling can be very effective, but group approaches can be more effective because the students provide support for each other. It is also very efficient use of counselor time. Using this as a premise, the following are the elements that should be included in treatment programs for test, speech and math anxiety.

Test Anxiety

Of all the various school anxieties, Test Anxiety is the most ubiquitous. Nearly every student in high school and college has experienced some form of test anxiety. Tests are an integral part of our educational system—they cannot be avoided. Most students face their fear and learn to perform adequately, however, many do not.

Test anxiety is also so prevalent because it masks other problems, notably poor study skills and habits. It can also be the result of other factors, such as: math or science anxiety, excessive stress, or a low self-esteem. The test anxiety is continually being reinforced in the student because of frequent tests and persistent failure. Because of the multiple faces of test anxiety, it is safe to assume that for any given student there are multiple causes for the test anxiety, and that all students should receive assorted behavioral and cognitive treatments. There may be some elements of the program that certain students do not need as much as others, but that is the risk of a group method. The following are the elements that should be included in a comprehensive test anxiety program: (a) information on the physical and psychological nature of anxiety, (b) assistance in the development of study skills, (c) test taking skill instruction and practice at taking tests, (d) information and goal setting on a healthy lifestyle, particularly diet, (e) cognitive restructuring to eliminate negative beliefs about school, (f) anxiety management techniques like what to do when the panic attack strikes and, (g) systematic desensitization.

The emphasis and time spent in each of these segments can be changed depending upon the needs of particular students. It is best to intertwine the units so that activities from each segment are repeated several times (model good learning theory as well as teach it). The one element that is probably least necessary is the systematic desensitization. The majority of the anxiety is eliminated for most test anxious students once they have learned

to improve their study habits, take tests, and start living a healthier lifestyle. But students **generally enjoy the systematic desensitization** because it feels good and they receive very immediate feedback on their progress.

In summary, test anxious students need a very broad based program because the anxiety frequently comes from multiple sources. A combined cognitive and behavioral approach is likely to meet the needs of most students.

Speech Anxiety or Communication Apprehension

The term "speech anxiety" normally encompasses the fears of students to stand in front of a group and talk, whether that be a formal public speaking activity or simply to talk to the members of a class. "Communication Apprehension" is a much broader term that includes speech anxiety and the reticence to participate in a small group discussion or even talk one-on-one. The speech anxiety is the more dramatic and visible, while certain elements of communication apprehension may be more subtle and harder to detect. The communication apprehension may be at the root of the problem when instructors report that they have a hard time getting class discussions going or that students lack assertiveness and never come to them with questions.

In contrast to test anxiety that seems to be more general, speech anxiety tends to be more individual and unique. A student may be functioning well in the vast majority of school arenas, yet totally fall apart when they speak to a group. In some cases anxiety is present with particular types of groups; the student may be okay when talking to peers, but has trouble when the teacher is in the room. Also in contrast to the test anxiety, the speech anxiety **is more easily avoided**. A student can go through an entire college (or working) career without having to do public speaking. Some students will select a particular career program or curriculum based on whether or not public speaking is required. But remaining like this throughout ones life can be seriously limiting both personally and professionally. Three main areas appear to be needed for speech anxiety reduction programs: (a) communication skills training, and practice at using the skills, (b) cognitive restructuring to eliminate negative beliefs about speaking and, (c) systematic desensitization. An "In Vivo" desensitization can easily be created.

Unlike the test anxiety, students may or may not need treatment in all three of the areas. A counselor or teacher can focus on the

particular needs of the student and only have him or her work in the area(s) required. In summary, the speech anxiety tends to be a little more specific than the test anxiety, but the fundamental model of dealing with both the physical and cognitive elements still holds.

Math Anxiety

Mathematics Anxiety is also quite different from general test anxiety because the fears seem to be so compartmentalized to math. The student will frequently be doing fine in all subjects except math or subjects requiring extensive math like Chemistry or Economics. The reason for referral for assistance may be labeled test anxiety, but in reality the test anxiety is only found with mathematics. These students can benefit from a test anxiety program, but special additions are needed to address the issues specific to mathematics.

One confounding factor is that the majority of students expressing math anxieties are women (Baylis, 1979; Hackworth, 1985; Kostka & Wilson, 1986). For a variety of reasons women are not given adequate support to develop the skills and attitude to be successful in mathematics. Students accept the myth, "I don't have the mind for math" (Kogelman & Warren, 1978). Many men also suffer from the same affliction, but at the college level most students who express math anxiety are female (maybe the men just don't express it as well). The implications of this in terms of career potential are staggering, since many of the higher paying careers require complex mathematical skills. Numerous texts of excellent quality on the subject of math anxiety are available. Several areas are consistently included in programs for the reduction of math anxiety: (a) skill development in fundamental mathematics, (b) group support and encouragement by peers, (c) cognitive restructuring to alter beliefs about mathematics and, (d) test anxiety reduction (include them in a regular test anxiety program).

A very wide range of delivery methods are used from individual tutoring to supportive activities in classes of 20-30 students. Sometimes the instruction is by math teacher, sometimes a counselor. The most comprehensive models tend to use team taught approach with a supportive math teacher and a mathematically inclined counselor.

SUMMARY

In summary, the elements of model programs for the reduction of school anxieties need to include methods to deal with both physical and cognitive components. All approaches use basically the same components of learning new skills, changing attitudes and beliefs, improving lifestyle, and systematic desensitization. These same elements can be used to structure the treatment of nearly all types of school anxieties.

Author's Note: Workbooks for a self-paced class on Test and Speech Anxiety, A Counselor's Handbook, and Audio Tapes have been developed and are being pilot tested at the College of Lake County and several other schools. Information on the status of these materials can be obtained from the author.

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Issues in Child Custody Determination in Illinois

Amy Jo Buwick
Don Martin
and
Maggie Martin

The authors discuss counseling and psychological issues related to marital discord and divorce in family units. Stages for children involved in divorcing families are discussed. Standards for guiding judges who make rulings in custody hearings are often vague and unclear. Counseling professionals can provide a great service to children and parents by helping the court to determine decisions in these cases. Laws for the state of Illinois as well as applicable federal laws are elaborated particularly those relating to joint custody, child support and visitation rights of parents. The use of counselors as impartial experts in custody disputes is discussed.

There are presently six million children in the United States living in stepfamilies (Skeen, Covi, and Robinson, 1985). Many of these children have been involved in difficult custody cases and are confused and saddened by the results of the legal process. Counselors both in school and agency settings, can be very helpful to these children in the adjustment process and can aid these families as they seek a better resolution to the divorce and custody process.

While some families are able to determine the custody of children without legal intervention, there are still many contested custody cases which are straining our legal system. Parents may become so resentful and hostile toward each other that there is a breakdown in the cooperation and communication that is necessary for post-divorce parenting (Foster and Freed, 1983). Because of these difficulties, it has been necessary for the legal system to determine standards for custody, support, and visitation in order to protect the child's best interests and counselors may

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play an integral part in this decision making.

Children appear to suffer the greatest psychological turmoil from custody warfare (Johnson, 1981). Some of the feelings these children experience include worry, sadness, rejection, anger, and guilt. They consistently fear parental abandonment because they believe that if the marital bond can break, then it is possible that the parent-child bond can be severed. The target of increased conflict between angry parents, these children experience a great deal of guilt as they try to distinguish loyalties. For example, a child of divorce may lose the influence and socialization of a second parent, which is an important part of social and emotional development, or become lonely as the custodial parent must spend more hours at work to balance a loss in financial resources. In a recent study, Hethington measured problem behaviors that children display as a result of divorce (Cochran and Vitz, 1984). She compared families with high and low conflict to families that were intact. Children whose families had a high degree of conflict and were not intact appeared to have more difficulties.

When children are separated from a parent, they usually progress through three pronounced stages: protest, despair, and detachment. The first stage, protest, is characterized by the child actively voicing and displaying a great deal of anger and anxiety about the parental separation. This child is very determined to reunite the parents. The second stage, despair, is characterized by obsessive thoughts about the parents return. This thinking is in contrast to the child's actions which often reflect apathy. The child typically withdraws into self and makes few demands. The dominant feeling in this stage is grief. The third stage, detachment, is the most difficult for the non-custodial parent. In this stage, the child's behavior towards parents becomes somewhat apathetic as the child builds walls to protect self from the pain of the separation (Cochran and Vitz, 1984). Negative effects on these children may continue even as the child enters adult life.

There is significant evidence to indicate that children of divorce are much more likely to divorce in their adult years than children who grew up in homes with stable marriages (Glen and Kramer, 1987). These adults often have negative attitudes about marriage and family life. They report a great amount of anxiety over picking the perfect partner or perhaps never marrying (Amato, 1988). The reasons they divorce are not clear, however, they report common beliefs that may be influential factors. First and foremost, they look more favorably at divorce as a feasible alternative when

problems occur (Amato, 1988; Glen and Kramer, 1987). Women report the role of mother to be more important than the role of wife (Amato, 1988) which conflicts with the belief that the primary relationship should be the marital relationship. Both sexes suffer from a lack of appropriate role modeling, they are unaware of both husband and wife roles. Finally, they frequently marry at an earlier age which is strongly correlated with an increased divorce rate (Glen and Kramer, 1987). It is theorized that these children marry young to escape unpleasantries at home. Although these children suffered greatly when their parents divorced, they still are more likely than others to divorce and perpetuate a system they dislike. Because many of these children have seen unhealthy or dysfunctional marriages on a daily basis, they are more likely to be unable to make adequate parenting decisions for their own children particularly in difficult custody cases. It is this lack of adequate decision making that has forced the legal system to respond.

LEGAL STANDARDS IN ILLINOIS

The Illinois legislature has set standards to guide judges as they make rulings that will affect the growth and development of a child for life. Primary considerations when determining custody are the age and sex of the child and the child's desires. In Illinois courts, the judge is to give considerable weight to the child's desire based on the child's age and maturity level (Freed and Foster, 1983). A child's attitude towards the relationship between siblings and any other persons who have a positive impact on the child's well being is important. Judges must also assess a child's adjustment to his or her home environment, school, and community. Finally, a judge must consider the mental and physical health of the parties involved (Freed and Foster, 1983). Whenever possible, the court recommends shared or joint custody. In these cases, both parties are equally involved in the major decisions for the youth and are allowed equal amounts of time with a child. Factors which are considered in shared custody are: the parent's willingness to negotiate, the geographic proximity of the parents, the agreement of parents on house rules, education, religious training, health care, financial support, holiday and vacation time, and any other factors that concern the child's emotional and physical health (Freed and Foster, 1983). Although this type of arrangement is preferred, it is rare that parents will agree on such matters

(Johnson, 1988). Interestingly, the California court system believes so strongly that a child benefits from shared custody that when sole custody seems to be the only alternative custody is granted to the parent who seems most likely to share time and decision making with the non-custodial parent (Freed and Foster, 1983). It is important to note that some experts contest shared custody on the basis that one parent should be the controlling force and determine visitation. They base their belief on the grounds that visitation is a disruption in the child's environment and poses problems for the child when prioritizing loyalties. They also believe non-custodial parents fail to show the child trust, love, and identification in such a short time period (Cochran and Vitz, 1984).

Another consideration in child custody issues is child support. In Illinois courts, standards have been developed in order to determine the amount of child support each parent must allocate. In determining child support, the court's first consideration is the child's financial needs and resources available; it then considers those of the custodial parent. The court also takes into account the standard of living under which the child would have lived if the parents had not separated. Physical, emotional, and educational needs also play a significant role in the determination of child support. Finally, the financial needs and resources of the primary wage earner are determined (Freed and Foster, 1983).

Illinois laws also reflect a growing concern regarding parental kidnaping. For this reason, both the federal government and Illinois have developed new laws to protect children. The uniform Child Custody Jurisdiction Act and Parental Kidnaping Prevention Act in 1980 was passed to discourage continued conflicts over child custody, to deter abduction, and to promote interstate assistance in adjudicating custody matters. A second law, initiated recently to protect children in Criminal Code, Section 10-5 states that it is a Class 4 felony if an adult willfully and knowingly removes a child from a state, violating a custody decision without the custodial parents' consent (Freed and Foster, 1983).

Although the courts attempt to protect a child from abduction, they have failed to make rulings on the rights of stepparents. Stepparents may act in place of parents in which case they assume the responsibilities and obligations of a parent without a formal adoption. However, the stepparent has no legal rights to a child, can discontinue support at will, and has no visitation rights (Skeen, Covi, and Robinson, 1985).

VISITATION RIGHTS

Visitation is very important in that it is the most powerful factor in continuing relationships between children and non-custodial parents. Continued visitation gives the child a sense that all is not lost, and that the family will continue. It greatly reduces children's fears that they will be abandoned by both parents (Isaacs, 1988). Regular visitation is extremely important in that it reduces arguments between parents over visits. It has been found that without a visitation schedule, parents argue more frequently and the child starts to display more behavioral problems (Isaacs, 1988). Children are often too young and too naive to understand the different dynamics that are involved during visitation arguments. To them, they are seen as a symbol of love and they feel guilty and less loved when they are the object of disagreement (Cochran and Vitz, 1984). One study conducted to discover the degree of discord between parents without a schedule, found that one-third of all children of divorced parents witnessed intense anger and that one fifth of custodial parents actively sabotaged non-custodial visits (Cochran and Vitz, 1984).

In contrast, families with scheduled visitation reported increased contact between parents and children. In fact, 68% of these families reported weekly visits, whereas those without scheduled visits reported only a 20% weekly visitation rate. Of the non-custodial parents with scheduled visits, none of the parents had discontinued visitation completely (Isaacs, 1988). It has been found that the regularity of visits is more important than frequency. Therefore, parents who have limited contact with the child are able to have a positive impact on a child's emotional well-being (Isaacs, 1988). It is important for couples that visitation schedules are determined at the same time as the custody agreement because patterns of visitation are set within the first two years of separation. Thus, parents who frequently visit may increase contact and parents who rarely visit often discontinue seeing their children (Isaacs, 1988). While parents may discontinue visits for a variety of reasons, most parents who infrequently see their children are usually feeling depressed and guilty. They avoid visitation because they feel shame, grief, and low self-esteem (Cochran and Vitz, 1984).

Visitation schedules may also involve visits with non-custodial grandparents in order to prevent decreased interaction and involvement with the child (Johnson, 1988). In the past, grandparents have had no legal rights to visitation; however, there are changes

being made. Since most children know that they are loved by their grandparents, there is an increase in security and love for the child that courts are beginning to believe significant. Illinois courts grant visitation not only to grandparents, but also to great-grandparents and anyone who has contributed to the child's healthy growth and development (Freed and Foster, 1983). Exceptions are made when visitation increases hostility and conflict, or the child is adopted by the child's stepparent.

ROLE OF THE COUNSELOR

Although the Illinois legislature has passed laws in an effort to protect the child's interests, there are still some areas of concern within the legal system. There are cases that are contested in Family Court where there are paid professionals to guide the courts decision, but many cases are heard at the local courthouse with the probate judge presiding. Behavioral scientists question whether judges are capable of making accurate decisions in difficult custody cases. They recommend the use of court-appointed experts in child development to conduct home evaluations and to determine what is in the best interests of the child. (Gardiner, 1983). Mental health professionals believe that using trained evaluators can relieve some of the tension and anger characteristic of custody battles (Foster and Freed, 1983).

Typically these evaluators have the minimum of a masters degree in counseling and have an understanding of both individual and family dynamics and processes. Most have received coursework in marriage and family therapy with specific training experiences in divorce mediations and custody evolution. Inherent in this training is the recognition of physical and psychological abuse; an issue that is often contested in custody disputes. Even with advanced training, mental health experts often disagree. Counselors may present statistics which are deceiving and under or overstate their opinions. Judges may question an expert's impartiality as they contribute to court confusion (Foster and Freed, 1983). Since experts are not always impartial and may be influenced by who is paying for their services, it has been proposed that independent legal and psychological council be appointed for each child. If independent council can be afforded, it can have significant positive effects on the custody process. The presence of the child's council tends to calm parents, discourage selfish and self-centered actions, and helps parents become aware of a child's

interests (Foster and Freed, 1983). With council, the child is informed of the actions in and out of court so that the child is protected from distortions. Finally, the council can review custody, support, and visitation agreements to determine if the child's interests were protected (Foster and Freed, 1983). Already, New Hampshire and Wisconsin have seen the benefits of council as each child is represented. In Michigan, a "friend of the court" is often used to protect a child. Illinois has the ability to appoint a guardian ad litem to a child to conduct home evaluations and interview the child in the judge's chambers (Freed and Foster, 1983). Gardiner (1983) strongly advocates that mental health professionals should be appointed by the court as an impartial expert and that expenses should be shared by all parties regardless of the final decision. This allows the evaluator to present an unbiased opinion without the undue pressure of monetary reimbursement by the client.

CONCLUSION

Behavioral scientists have made suggestions for both the family and the court system to counteract the negative effects of contested custody battles. Couples who are divorcing may want to seek divorce mediation. Divorce mediation will not relieve the symptoms of the problems, but hopefully it can help the couple identify the causes of marital problems, which may contribute to more harmonious contact following the divorce. Also, children need to be given time to mourn the loss of other family members. Parents need to resolve conflicts around custody, visitation and support; otherwise problems will expand to include both the children and stepparents (Skeen et al., 1985). To aid the court in its quest to determine a child's best interest, it should employ impartial experts who can be helpful to the court in mediating negative feelings the child encounters. The courts should first consider shared custody because both parties are able to share the responsibilities and care of the child. When shared custody is not an alternative, the court should allow liberal amounts of visitation with the child being allowed the privilege in establishing the minimum amount of visitation when feasible (Cochran and Vitz, 1984). Counselors with their basic training in child and family dynamics can play an integral part in determining the best interests of a child involved in a custody dispute.

Finding Meaning in the Here and Now Through Gestalt Therapy and Transactional Analysis

Raymond Marchi

On August 30, 1989, I acknowledged that my decision to enroll at Governors State University was appropriate. The study of counseling theories and ethics would provide me with a deeper insight into human behavior. At the same time, I would come to terms with the question of my alternate career path.

On September 10, 1989, I discovered that several aspects regarding the philosophy of existentialism mirrored some of my basic beliefs about life. On September 11, 1989, I began an odyssey that challenged the meaning of this philosophical position in its antithesis. On that day, Philip Albert Bean died. Philip is my wife's father. Philip is—was—my best friend.

In my attempt to come to terms with the meaning of this event in my life, I relive the events of that day as though they are occurring now. I can take no immediate comfort in prescribing to any neatly packaged theoretical creed or set of therapeutic techniques for human wellness. There is no time to think. There is only time to react to the hysterical screams of Marilyn, his daughter, and Maxine, his wife, who have tied me into a three-way telephone conversation. Marilyn pleads with me, "Do something, please do something." Phil collapsed on the lawn; they think he's dead. My emotions tell me he's fainted. My instincts communicate a frightening and more powerful final message.

I call 911 and request emergency assistance providing directions for the information operator to the Matteson location. My wife Barbara and I race to her parent's home. Emergency trucks are already there, along with some family vehicles. The paramedics are quick to respond and are caring in their message to the family. For me the message is abrupt. He's dead; they're sorry.

But, they are only paramedics and cannot render any official pronouncement of death. That must come from a doctor. So, we

Raymond Marchi, graduate student at Governors State University, IL

gather our group, a wife, five of seven children, two brothers-in-law, and proceed to Olympia Fields Osteopathic Hospital. As we arrive we are led to a small room in the emergency center. I feel transparent as the doctor enters to tell us what is already evident: Philip is gone. We need to think about what we need to do. My marriage of eleven years to Barbara has helped me to sense some of her feelings in our life together. We are kindred in our need to see Philip and to be with him again, Philip, our father and our friend.

As I am directed to the room where he lays, I see Phil again. His face is faintly purple. This superficial evidence suggests that his ending was sudden, and, thankfully, painless.

The child in me calls to Philip out of selfish need. Philip, I want to be with you. I want to play with you. We play so nice together and I don't want that to end. In the turn of emotions, I feel a sensation of deep caring. I examine his face and hands. I touch his cheek and hair. I become overwhelmingly aware of the love that I have for his man. I feel my nurturing parent emerge as I caress his face and talk to him in a mode of consolation. Poor Phil, my very best friend in life, I want so much more for you than just these past five years of retired life. I want so much more for me than to go on in life without you. There is a sense of warmth as I feel the wonder of the moment. My values as a Christian and family man become present. I acknowledge my feelings and respond to them accordingly. It is apparent that I believe in God, I believe in family, and I believe in Phil and the love we share. And then it happens. There comes a rush and a sense of well being. So, this is how it feels, I admit to myself. I recognize that death is not so frightening, and almost peaceful in its finality. I embrace Phil and talk to him as I have done many times in the past. My adult tells Phil not to worry. He and I have talked about the time he might not be with us. I restate my promise to love and respect his daughter and take care of his wife. I feel a sense of pride that his life and mine have mingled for these last years and the richness it has provided me in my own search for meaning.

I continue to think of Philip almost daily. My reflections are primarily from an adult mode. However, there are times I choose to cry to him from the child who still needs to be with him and from the parent who wants to nuture him.

This recent event in my life has provided me with some insight into the value of integrating gestalt therapy and transactional analysis as an effective means of coming to terms with death.

Re-experiencing Phil's death in the here and now is a key component of gestalt therapy. Becoming more understanding of my communication to Phil from the ego states of Parent, Adult and Child is a primary goal of transactional analysis.

Additionally, the emotional focus of gestalt therapy and intellectual insight of transactional analysis provide an effective model for personal growth. I believe that my open communication to Philip has helped me to become more complete in my quest to come to terms with the reality of his death. It also has provided a better understanding of my ongoing life commitment to my family and a further acknowledgement that marriage and family transcends the life events of a wife, husband and immediate children.

The impact that Philip had on my life is ever present. He was and still is a co-author of my life script. In my search for meaning in life, I continue in the basic framework of existential philosophy with a better appreciation for the contributions of gestalt therapy and transactional analysis.

The Role of the Counselor in the Treatment of the Adult Transsexual Client

Stephany W. Joy
and
Denise K. Knotts

The transsexual disorder is briefly described, and the role of the counselor in the process is clarified. Use of a comprehensive treatment team is discussed, with the counselor serving to assist the client with stress management, training, and feedback in appropriate gender role behaviors, and to provide counseling to significant other persons in the client's social world.

The phenomena of transsexualism can be traced back many centuries. However, the term itself was first coined by Cauldwell (1949). With the media coverages of Renee Richards and Christine Jorgenson, as well as others, the public has been made more aware of this phenomena.

The ratio of males to females requesting reassignment surgery has gone from reportedly 3:1 in the early 70's to approximately 1:1 as of 1983 (Roberto, 1983). Hence, it is apparent that in their professional capacity counselors may well have occasion to work with clients presenting a transsexual diagnosis. Obviously, the depth, severity, and complexity of the transsexual condition requires a diagnosis and treatment by a professional trained specifically in gender dysphoria. The present article describes the transsexual phenomena, and the role of the counselor as an adjunct therapist in the treatment process.

DIAGNOSING TRANSSEXUALISM

To date the Diagnostic and Statistical Manual of Mental Disorders (1987) sets only three criteria for diagnosing transsexualism. These are:

Stephany W. Joy, associate professor, Western Illinois University, Macomb, IL. Denise K. Knotts, graduate student at Western Illinois University.

A. Persistent discomfort and sense of inappropriateness about one's assigned sex.

B. Persistent preoccupation for at least two years with getting rid of one's primary and secondary sex characteristics and acquiring the characteristics of the other sex.

C. The person has reached puberty.

Obviously, this diagnostic criteria is very broad and generalized. Others, such as The Stanford University Gender Reorientation Program (Fisk, 1974) and the Lundstrom/Walinder (1985) criteria include a firm conviction on the part of the client that they truly belong to the opposite sex, the fact that the client is repulsed by their own primary and secondary sexual characteristics, has a constant preoccupation to correct the external features of their body to match their mental gender identity, even through surgical means, and a wish to obtain the social-legal status of their chosen gender role.

Roberto (1983) suggests that critical elements that need to be explored when working with a client who feel themselves to be transsexual are: the client's strength and rigidity of cross-gender identity; a ruling out of psychosis as a possible cause; and an examination of the client's actual ability to perform socially, vocationally, and sexually in the chosen gender role.

CAUSATION OF TRANSSEXUALISM

Twenty-five years ago literature leaned toward an environmental causation for transsexualism (Becker 1963, Green 1974, Green and Money 1966, Pauly 1965, Stoller 1968). Green and Money, pioneer researchers in the field of gender identity, conclude that gender identity is a product of the environment, and normally established by age four. Bem (1983) agrees that sex typing is a learned phenomenon, and hence is neither inevitable or unmodifiable. Likewise, Laura Roberto (1983) concludes that gender reorientation can be accomplished if intervention is started in early childhood.

However, an intriguing body of research indicates the possibility of physiological causation of the transsexual disorder (Imperato-McGinly, Peterson, Gautier, & Sturia, 1979). There is also research suggesting that stress factors placed on the mother during critical periods of fetal development may well be a factor in the predisposition of gender disorders; however, this research is not yet complete (Money, 1980).

TREATMENT

Numerous treatment techniques have been utilized over the past thirty years of treating the transsexual. However, this paper will focus on a general overview of current treatments utilized, and offer the suggestion that the counselor treat the client for the stress factors and social/personal concerns while maintaining a working relationship with the primary therapist specializing in the gender disorder.

Although the counselor does not do the formal diagnosing of the client, it is important that he or she be aware that a crucial element of the therapy process is to insure that the symptoms (transsexualism) expressed are not due to an underlying psychotic disorder. There have been cases of schizophrenic clients showing symptoms of gender confusion (Morgan, 1978). Even cases of multiple personality have been found in which one or more personalities fall into the category of gender confusion (Pauly and Edgerton, 1986). And there are cases of neurosis in which the client moves to assuming the role of the opposite sex in order to avoid or reduce stress over a difficult life situation (MacKenzie, 1978). MacKenzie also reports obsessive compulsive elements in the fact that some transsexuals can become obsessed with having the reconstruction surgery, even to the point of seeking out charlatans to perform the operation, or self mutilation to achieve the same results. These are all factors for which the counselor needs to be alert to monitor and immediately report any concerns or instances to the gender disorder specialist.

After psychological counter-indications have been ruled out, the gender disorder specialist may elect to begin hormonal therapy with the client (Pauly and Edgerton, 1986). At this point the client is placed on hormones of sufficient dosage to cause secondary sexual characteristic physical development (i.e. breasts, skin softness, and body contouring in the male to female transsexual, or beard development, breast shrinkage, and muscle development in the female to male transsexual). While these hormones are being administered the client undergoes "emotional" changes similar to those experienced during puberty. This is an aspect of the therapy to which the counselor needs to be alert, as it can be a particularly stressful period for the client. Sometimes during this time the client will start full-time living as a person of the chosen gender (cross living). This means totally living and experiencing the social, vocational, and sexual ramifications of life as the chosen gender. Finally, and only as a last resort to reduce the intense

desire to be of the chosen sex, will the gender disorder specialist recommend sexual reassignment surgery.

The process from first to final surgery ordinarily consists of at least two years, and more typically around three to four years until surgery (Roberto, 1983). It is also highly recommended by Roberto that the client continue working with the specialist and the counselor for at least two years following the surgery to assure that total transformation to the new gender role and to assist the client in coping with the many stresses associated with the transformation in lifestyle.

THE ROLE OF THE COUNSELOR

In this very complicated therapy process which requires specialized training and medical supervision for dealing with hormone replacement therapy, there is a place for the more generically trained professional counselor in the treatment process of the transsexual client. Obviously, the "team approach" requires frequent consultations between those professionals working with the client. These consultations will allow for an update of any changes seen in the client, or modifications which may be required in the treatment program, and clarifying where the client is with respect to the medical program and possible timetables.

The role of the counselor on this working team is threefold:

1. To assist the client with stress management.
2. To provide the client with training and feedback in appropriate gender role action.
3. To provide family counseling to significant others.

It is important that the counselor be sensitive to the unique set of problems and stresses facing the transsexual client. A key feature and stress producer is the desire to be accepted. Here the counselor can provide enormous support by offering an acceptance of the client's chosen gender role and by aiding in the behavioral adjustment to this role. Whenever possible, group support can be successfully utilized (Levine, Shaiova, and Mihailovic, 1975) to broaden the client's base of persons who "know and accept" his or her unique situation.

Family shock and rejection is not unusual and is often very painful for the client (Maxmen, 1986). The counselor can assist the client in practice and explore alternative strategies for interacting with family members. Sessions set aside simply for family or friends to come and discuss their concerns, uneasy feelings,

and their own emotional reactions to the transsexual's disclosures may be enormously helpful.

Peer rejection may be very noticeable and stressful during the time of cross living (Maxmen, 1986). Simple but often aching loneliness is often a result of the period of transition for the client. Inappropriate gender role behaviors may exacerbate the difficulty as the client struggles to learn how to "fit in" as one of the selected gender. As an example Yardley (1976) targeted "body movements, head movements, body tonus, posture, gestures, gaze, voice, control of interaction, manner of relating to others, appearance, facial expression, mouth expressions, courtship behavior." Here the counselor's role can be significant in that clear and honest feedback will help sensitize the client to any inappropriate behaviors. Yardley (1976) suggests the use of a counselor of the same gender which the client is working to adapt can help provide simple modeling behaviors and assist the client in becoming more sensitive to the subtleties of appropriate gender behaviors such as gestures and grooming.

CONCLUDING COMMENTS

Although the transsexual disorder is a somewhat "rare" disorder, counselors need to expect that with the increased media coverage and social awareness of the phenomena, they may well be called upon to work with persons with this disorder. The psychological pain and confusion of feeling oneself to be born "the wrong sex" typifies the transsexual client. With today's modern medical interventions . . . ranging from hormone therapy to complete sexual reconstruction surgeries, there is new hope for the transsexual individual. Counselors have a definite helping role in the process, as elaborated in the present article. In all probability more will be involved in working with such cases. College counselors, marriage and family counselors, vocational counselors, mental health counselors, may all have opportunity to work with these persons as they struggle to emerge complete, whole, and happily functioning persons in our society.

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Book Review

IN THE MIND'S EYE:
THE POWER OF IMAGERY THERAPY TO GIVE YOU CONTROL OVER YOUR LIFE
(1977)
by Arnold Lazarus, Ph.D.
New York: Rawson Associates

Reviewed by Stephany Joy

In his first paragraph, Lazarus states that for twenty years he has been wanting to write a "straight-forward book showing how to harness the vast power of mental imagery." In *In the Mind's Eye* he accomplishes not only this, but much more!

Let me preface my statements and applause for his book by stating that I approached the review of this book with no small degree of skepticism. Trained in the Ericksonian approaches to the use of hypnotherapy and metaphor, I found it difficult to make peace with the more rigid and confining cognitive-behavioral approaches to the use of imagery. However, after reading this book, I feel much more comfortable with these techniques, and expect to incorporate some of them into my own practice of counseling.

An extremely comprehensive text, Lazarus covers an incredible range of problem situations and offers imagery techniques for the resolution of each. The breadth of the book is demonstrated by the fact that he deals with phobias, depression, broken love affairs, psychosomatic disorders, and sexual dysfunction problems to name but a few! He even offers a special chapter on the applications of imagery for children! Overall, his approach may be broken down into three major areas:

1. Employing imagery to control negative emotions and overcome undesirable behaviors.

2. Using imagery to promote social skills and achieve personal mastery.

3. Utilization of imagery for goal rehearsal in such areas as athletic performance, artistic performance, and sexual performance.

A particular strength of the book lies not only in its breadth, but in the minimal use of "jargon." Correct terminology is indeed

utilized, but not in a cumbersome way. It is certainly very readable for the "lay" audience, and it appears that Lazarus has written particularly for this group, appealing to the "self-help" affectionados. This is one of the few areas where I have reservations about the book.

At times, Lazarus is too "rah-rah" about the imagery techniques, and appears to present them as the "cure all" for everything. For example, he states "this book shows you how to use a variety of images to change both personality and behavior." Lazarus also suggests readers may use the imagery techniques either with or without the assistance of a therapist. I have strong concerns about the application of these techniques for severe problems WITHOUT the use of a trained professional. An individual imaging a severely traumatic experience can be triggered into a full-blown anxiety attack, and most certainly inept utilization of imagery can "backfire" and trigger a generalization of anxiety (phobia) from one situation to others. Additionally, Lazarus does not address the natural phobic tendency in all of us to avoid painful situations (images), and the difficulty clients have in following through with these types of exercises without external guidance.

The book is replete with interesting case studies, offers step-by-step approaches to imagery exercises, and offers solutions to many life problems. Lazarus also addresses the failures and "stuck" moments of which all clinicians are painfully aware, but takes these a step further to explain WHY the problem in the process occurred, and demonstrates where to go next in the imagery exercise. I do disagree with a self-help approach for severe problem cases, however, and see this book best utilized as an adjunct to therapy with a professional trained in the use of imagery and psychotherapy.

In conclusion, I found this book to be lucid, clear, educational and informative reading. I believe it would be useful to both the clinician and lay person, and most certainly would be an appropriate book to keep on the "self-help" shelf for use as an auxiliary element to therapy.

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Counseling the Extended Families of Military Personnel Serving in the Middle East

Keren M. Humphrey

The mental health concerns presented to counselors by members of the extended families of military personnel serving in the Middle East are described. Treatment direction is discussed based on assessment of interpersonal, developmental, and existential issues. Interpersonal issues are productively treated from a systematic orientation that addresses the functionality of a focus on a military family member in terms of distance-pursuit mechanisms, coping strategies, and triangles. Developmental issues are treated through normalization of developmental stages and assistance with individual and family developmental tasks. Existential concerns are treated from a grief management perspective that addresses anticipated loss in the form of injury, death, or relationship and personality change. Counselors should assist in the exploration of and acceptance of ambivalence regarding parenting outcomes, ethical issues, patriotism, and political action.

The recent movement of American military personnel into the Middle East as a part of Operation Desert Shield brings with it a new area of concern for professional counselors: the mental health needs of the extended families of these servicemen/servicewomen. Resources for addressing the needs of the immediate families of military personnel (i.e., spouses, children) are available through various military and community agencies and have been addressed in the literature (Amen, Jellen, Merves, & Lee, 1988; Klein, Tatone, & Lindsay, 1989; Rosen & Moghadam, 1989). However, the mental health concerns of the extended families (i.e., parents, siblings) of these military personnel has been insufficiently addressed. It is the purpose of this article to identify the mental health concerns which may be presented to professional counselors by members of the extended families of military

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personnel serving in the Middle East and to suggest treatment directions.

A wide array of mental health concerns are experienced by the extended families of military personnel. It is important to note that in a counseling setting, family members may present these concerns in various ways. Individuals, parental/marital dyads, siblings, or grandparents may initiate counseling fully cognizant that their anxiety is related to the family member's military service. However, the reasons for initiating therapy may be more obscure. Family members may initiate counseling due to non-specified anxiety that, in reality, stems from concern about the serviceman/servicewoman. Symptomatic behavior (e.g., acting out, psychosomatic difficulties) may be presented, with its connection to stress regarding concern about a military family member not recognized by the client. Counselors should, therefore, routinely include in their initial assessment some means for ascertaining the fact of a family member's service in the active or reserve military, and especially those already stationed in the Middle East.

One helpful means for identifying the focus of therapy with family members with concerns related to another family member's military service is the I-D-E format suggested by Budman and Gurman (1988). The counselor asks: what is happening interpersonally (I) for the client at this particular time in his/her development (D) and what existential (E) concerns are present? The focus of treatment which emerges from answers to these questions could then be tied specifically to the client's anxiety regarding a military family member. Thus, the counselor can decide to direct the initial intervention toward interpersonal difficulties, developmental issues, or existential concerns.

The interpersonal focus of treatment for extended family members of military servicemen/servicewomen is most productively addressed from a family systems viewpoint. Assessment should include the following:

1. How does the family typically manage stress? What kinds of coping strategies, distance-pursuit mechanisms, boundary observations, or triangling is activated by stress concerning a military family member?

2. What level of differentiation of self exists in the family, among family members? How is this effected by the development stage of the family?

3. What is the family's world view? Is it fatalistic, cynical, or

optimistic? Does the family view the world as basically good or bad?

4. Are there complicating factors such as substance abuse, chronic illness, recent changes in the social support network, recent death of a family member, financial difficulties, or religious conflicts?

5. What affective range is permitted in the family? How does the family manage guilt, anger, jealousy, blame, resentment, or sorrow? Can family members ask for emotional assistance within the family?

6. How does the family or family member's response to another family member's military service serve a particular function in the family system? For example, does a focus on the military family member allow a couple to avoid facing marital issues or managing adolescent acting out?

Counselors should consider the developmental tasks of the family as a whole, of particular family members, and of the military family member when treating the extended families of military personnel (Carter & McGoldrick, 1989). The family or origin of a serviceman/servicewoman frequently is experiencing a leaving home stage. Or the family may have passed this stage and be adjusting to the military family member's forming a new family, perhaps with young children or adolescents. The counselor should help family members to infuse their experiences regarding their military family member into the developmental tasks they are facing. Additionally, the counselor must take into account the developmental dysynchrony that may occur in families which have experienced divorce and remarriage, since complications in the usual developmental tasks are typically experienced and will contribute to the extended family's response to the military service of a family member. In addition to the developmental stage of the family as a whole, counselors should consider the particular developmental needs of individual family members. The adolescent sibling of a military family member has different developmental needs than the preschool sibling. Moreover, the developmental tasks of grandparents are different still regarding their relationship to family members and their own psychosocial stage. Understanding how these developmental tasks are effected by and effect family member's experiencing the military service of another family member presents a real challenge to the counselor and the family. Normalization of developmental responses and discussion of pertinent tasks is helpful.

Existential concerns are often present for clients responding to

the participation of another family member in military service. Questions regarding the meaning of life and death, the relevance of aloneness and connection, fate, survival, and one's influence in the world typically occur against the background of anticipatory loss. Clients may anticipate the loss of relationship with a family member through death, but may also be grieving the possible changes in relationship and personality that often occur when someone experiences trauma: will he be the same? will this harden her to the world? will this make him mean? will she come back with emotional scars? The very basic existential questions that accompany grief occur as well, but often appear just below the surface: why me? why him? why not me? why not her? Counselors should be prepared to assist clients in exploring their existential concerns so as to promote insight, awareness of choice, and establishment of meaningfulness. Additionally, the facilitation of grief work is called for. Counselors should help their clients to sorrow appropriately for actual or anticipated loss and manage the less helpful grieving responses, i.e., fearing, avoidance of pain, denial, overcoming (Kastenbaum & Aisenberg, 1972; Worden, 1982).

The military participation of a family member brings up other existential concerns that take the form of questions regarding duty, patriotism, political action, and human nature. Clients may experience a disquieting ambivalence regarding the particular Middle East crisis that has resulted in Operation Desert Shield. Uncertainty or distrust of political and military leadership can make for confusion about one's patriotic duty. Indeed, some of the young men and women serving in the military today are the children of parents who came of age during the Vietnam Era, with its extremes of view and action regarding military activities. Ethical and religious concerns about human nature may add to the confusion as well as clarify values. Parents may second-guess themselves, wondering about the efficacy of raising a son or daughter to consider/not consider the moral implications of their actions, to see only the good or bad in others, to question/not question those in authority. Counselors should assist clients, especially parents, in exploring the nature of their ambivalence and, possibly, accepting the fact that there may be no clear-cut answers for these particular existential concerns. Counselors also should encourage extended family members of servicemen/women to utilize a social network for support. Support groups for these families have sprung up in various communities. These groups may meet for

only a few times to share concerns, or they may undertake projects such as sending gifts and supplies overseas.

The concerns of the extended family regarding a military family member will continue to present themselves in therapy as the situation in the Middle East unfolds. Intensification of the current conflict will, most certainly, intensify family responses. It is suggested that counselors remain cognizant of the interpersonal, developmental, and existential concerns of the extended families of military personnel.

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An Evaluation of the Academic Success of Counseled Adult Students

Peggy G. Woodard
and
David E. Suddick

A comparison of the academic success of students who reentered the university less than one year following academic suspension vs. those who reentered after more than one year is presented. The data indicates that approximately 60% of readmitted students achieved academic success; however, this varied by the students' approach to problem solution. The Special Admissions Committee, which made recommendations regarding the students' problem solving approach, was successful in identifying suspended students who met with academic success after readmission to the university. Also, a comparison of students who worked with a counselor in the university counseling center vs. those who did not, indicated that academic suspended students who received counseling had a higher rate of academic success than those who did not seek counseling services. In addition, both causes of academic failure and methods for assisting these suspended students will be reviewed.

REVIEW OF LITERATURE

A review of the literature indicates that poor academic performance among college and university students results from many causes. Factors such as poor study skills, poor time management, lack of motivation, poor concentration, uncertain career goals, and test anxiety were cited as main causes of poor academic performance (Altmaier, Rapaport & Seeman, 1983; Culler & Hulahan, 1980; Hart & Keller, 1980; Mitchell & Ng, 1972). Individual differences in the learning process were also identified as having a direct effect on academic achievement. Successful students

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appear to process information in more depth and encode it in detail while retaining the original information (Schmeck & Grove, 1979; Craik & Tulving, 1975). Emotional disturbance, emotional immaturity, neurological dysfunction, and lack of ability were also identified as causes for poor academic success (Bednar & Weinberg, 1970; Valine, 1976).

Research also indicates that reentry adult students experience a series of general problems which cause academic difficulty such as transfer policies, residency, graduation requirements (Fisher-Thompson, 1980), financial problems (Kaplin, 1981), family support, child care, self-concept and spousal domestic conflict (Huston-Hoburg and Strange, 1986; Scott & King, 1985; and Stephenson, 1980). Other problems encountered by reentry adults following admission to the university are conflicts with family time schedules (Higgins, 1985) and job conflicts (Sands & Richardson, 1984). Academic success is also affected by the reentry adult's multiple roles of student, employee, parent and/or spouse that results in more anxiety and mental stress than that experienced by more traditional student populations (Gerson, 1985; Roehl & Okun, 1984; and Sands & Richardson, 1984).

In response to the various causes of poor academic achievement, many solutions have been put forth. Methods of working with failing underachievers include both individual and group counseling, workshops, tutorial assistance and self-help programs (Kjos & Woodard, 1987; Mitchell, Hall & Piatkowska, 1974; Woodard, 1987). Treatment approaches which have been successful in working with underachievers are behavioral and cognitive techniques that target specific behaviors and work toward an established goal of improved academic performance (Mitchell & Piatkowska, 1974; Patterson, 1971). In addition, research has shown that locus of control and self-efficacy beliefs toward education and career choice often play a significant role in success or failure for the student in academic distress. Counselors have effectively used this social learning theory to assist these students in reaching academic success (Bandura, 1977; Mitchell & Krumboltz, 1984).

PURPOSE

The purpose of this study was to compare the ongoing academic success of students readmitted to the university following academic suspension. The basis for comparison was the recommendation for readmission made by the University Readmissions

Committee, which was admission following one year of nonattendance per university policy versus admission prior to the one year of nonattendance or an exception to university policy. In addition, this study compared the academic success of students admitted after one year of nonattendance who sought counseling in the university counseling center versus those who did not seek counseling. Basically, this study compared three groups of academically suspended students as follows: (1) students admitted prior to the one year policy period; (2) students admitted after one year of nonattendance who sought counseling, and (3) students who were readmitted after one year of nonattendance and did not seek counseling.

PROCEDURES

As the literature demonstrates, the causes of poor academic performance and the respective solutions are varied. In response to the many methods for assisting students having academic difficulty, Governors State University implemented a systematic approach for assisting students on academic suspension who wanted to reenter the university. This policy required all academically suspended students seeking readmission to apply through the University Readmissions Committee. The committee was comprised of one faculty member from each division, a counselor from the Office of Student Development, a records specialist and the Assistant Director of Admissions.

In addition to completing an application for readmission, students were required to submit documentation to identify the nature of their problem, the solution that is being implemented to correct the problem, and a statement of the students' career objectives. Following a review of the submitted documentation, the committee makes a recommendation that the student: (1) be readmitted before the normal one year of nonattendance; (2) be readmitted following one year of nonattendance; (3) be readmitted and referred for counseling.

POPULATION

Approximately 6,000 students attend this upper division, commuter campus. These students, who come from a variety of racial and ethnic backgrounds, are likely to be working full or part-time while attending school. Almost one-half are undergraduate

students who have typically spent four or more years completing their lower division coursework before transferring to the university. These students are enrolled in a combination of on-campus and off-campus courses, telecourses, and independent study courses. An average of 65 students are suspended for poor academic achievement each trimester. The data for this study was drawn from the records of students who are reapplying for readmission to the university in calendar years 1985 through 1987.

FINDINGS

A total of 111 students who were academically suspended in calendar year 1985 through 1987 returned to the university. Per policy, students were barred from registering for classes for one calendar year unless they petitioned for exception through the Readmissions Committee. The committee allowed 38 students to reenter the university early. Thus, 73 students did not enroll for at least three trimesters after they were suspended. These students were accorded the option of counseling; 17 sought and received assistance, but 66 opted not to receive services.

The three groups of students; i.e., early readmission, regular readmission with counseling, and regular readmission with no counseling, were followed for one year after returning to the university. The cumulative grade point average of the students was used as the criterion of success. If the students were in academic good standing, their progress was denoted as satisfactory. On the other hand, unsatisfactory performance was noted on their academic records with a status of Probation I, Probation II, or Suspended.

A summary of the success and nonsuccess of the three groups of students is presented in Table 1. The highest rate of success was the early readmission group with 76.3% in academic good standing. A total of 70.6% of the students waiting at least one year before readmission but being counseled after returning to school were successful. In comparison, only 37.9% of readmitted students who did not avail themselves of assistance were successful. The later group is the best estimate of the success rate for a control statistic.

The success versus nonsuccess tabulation of the three groups cited in Table 1 were analyzed by the chi-square statistics. The resulting value of 10.34 with df = 2 was statistically significant ($p < 0.01$). Thus, there is a significant difference in the success

TABLE 1

Ensuing Academic Success of Suspended Students: A Comparison by Reentry Alternative

Type of Readmissions	*Subsequent Academic Studies*		*Percent Success*
	Good	*Poor*	
Early Readmission	29	9	76.3
Regular Readmissions and Counseling	12	5	70.6
Regular Readmission Only	25	31	37.9

TABLE 2

Ensuing Academic Success of Suspended Students Who Were Counseled: A Comparison by Number of Sessions

Number of Sessions	*Subsequent Academic Studies*		*Percent Success*
	Good	*Poor*	
One	1	4	20.0
Two or More	11	1	91.7

of students by readmission alternative with the students seeking assistance after regular readmission or students applying early being more successful than those applying later.

To glean further insight into the benefits of counseling, the success versus nonsuccess of students was compared by the number of counseling sessions; i.e., one versus two or more. Twelve students attended more than one counseling session, and 11 of those students (91.7%) met with academic success after readmissions. In comparison, only 20% (1 in 5) of the students who had only one counseling session after readmission were in academic good standing.

The success-nonsuccess by number of counseling sessions, provided in Table 2, was analyzed by the Fisher exact probability test and a p of 0.0004 found. Thus, the rates of academic success varied significantly by the truncation of sessions after one versus the continuation of treatment after one session.

DISCUSSION

The early return of suspended students via student appeal to the University Readmissions Committee has been found to be a viable alternative per the criterion of ensuing academic success. This rate was most similar to the success rate of students who

were away from the academic setting for at least one year, but who sought counseling beyond one session after readmission to the university. The comparative group, i.e., readmits who did not avail themselves of assistance, performed at a significantly lower rate of success.

In comparison to readmitted students not seeking assistance, their peers who sought assistance as well as students who petitioned for early readmission demonstrated more than a tacit interest in continuing their education. If this demonstrated action of preparing a massive report for the Readmissions Committee or continued counseling after readmission is denoted as a motivation variable, then proactive action on the part of the student who has been academically suspended may well be a most germane factor in predicting later academic success when the students continue their education.

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ideas that were 'in the air' that laid the foundation for the establishment of Gestalt therapy were the Gestalt psychology phenomenological and field ideas connected with direct experience and the whole Gestalt" (Simkin & Yontef, 1984, p. 285). What came out of this notion was that our minds are structured in such a way as to organize our perceptions of the world in meaningful ways. We organize our perceptions by noting similarities. Much latter Bateson (1972; 1979) examined and emphasized the "pattern that connects" in his understanding of mind.

The Gestalt Therapy theory of personality relies on both an interactive component and an internal component. The differentiation of self from the world around, with contact through the contact boundary is essential to Gestalt interaction. The internal aspects of personality, i.e. mental metabolism and the regulation of the contact boundary, are seen as a reactive internal process. Perls' concepts of defenses are really borrowed from psychoanalytic theory and adapted to the Gestalt perspective. The fact that Perls was a psychoanalyst first is suggested by the carry-over of these concepts and the inability of the theory to move completely away from the idea that human problems, like disease, lives within the human being. The theory, however, made the gigantic leap in the direction of interaction between people.

The Nature of Pathology

Gestalt sees personality or psychological problems as an internal affair, where an individual has disowned parts of the self which are instinctive and natural (Simkin & Yontef, 1984). These parts are disowned by the individual because of inattention to the contact boundary, thus not allowing it to function in a natural way. To understand this concept it is necessary to describe how Gestalt conceives human internal psychic features.

Perls (1969) conceived of the human as having three basic parts; organism, ego, and self. The organism is the totality of basic elements in the human's functioning. Those functions of perceiving with the senses, feeling or emoting, and thinking and believing are the components which make up the organism. The organism's function is to be aware of what is going on both internally and externally, and to regulate attention according to the figure-ground principle. The figure-ground principal has completed Gestalts (having closure of the whole) going from figure (or that of prominent attention), to ground where the need for attendance is lessened. What keeps the figure-ground from

completion, and therefore the person from living a "healthy" life, are the defenses, perceiving life events as polarities, or unfinished business. Introjected "shoulds" or "oughts" swallowed whole as truths, feelings projected on to others or deflected and denied, and other defenses the organism uses to prevent full contact with the environment, are examples of the defensive process. Unfinished business is a left-over, uncompleted Gestalt which has not been dealt with by the organism, and therefore continually comes back looking for completion. The concept of polarity suggests that life events are not a part of the same whole, which leads to splits and either/or, dichotomous thinking, with either a right or wrong connotation.

Awareness is seen by Gestaltists as the primary mode of knowing what is natural and right for the organism. According to Simkin and Yontef (1984), "the goal is always awareness and only awareness" (p. 294). The individual does this through contact with whatever he or she is aware of in figure at any particular time. Awareness and faith in the organisms naturalistic ability to complete gestalts and put figure to ground, is indicative of gestalt health.

The Here and Now

One of Perls main contentions was that the here and now was the primary point of experience. His slogan in later practice was that nothing exists except the now (Perls, 1970).

The way in which a person aggresses with the environment, and screens experience through the permeable contact boundary, the point of contact, is with the here and now. That point of contact, awareness, is a sensory experience. Events in the past may be objects of awareness, and as such are part of present experience. According to Simkin and Yontef (1984), although the present is recognized as an ever-moving transition point between the past and the future, "patients live in the present as if they had no past. Most patients live in the future as if it were now. All of these are disturbances of time awareness" (p. 297).

The central point of the here and now for Gestalt Therapy is the experience rather than verbalization. The past can be experienced now, not as it was. As such, the past is recognized as a changing phenomenon, from what was "then" to what is remembered and experienced "now."

Polster (1987) expands upon this concept of now as a transition point describing the now as an "illusory sense of arrested time"

(p. 331) and suggesting that we already know of its inevitability. For him, this transitional point in time and space is really a place where we make choices. For him the choices are naturalistic arrows which follow an evolving course of action according to our individual patterns and perhaps not even noticed unless called to our attention. This attention to choice is fairly advanced thinking for the Gestalt perspective; Polster demonstrates a level of evolutionary thinking which seems to advance the original concepts in line with current perspectives of therapy. The naturalness of choice when the person is choosing correctly takes the being into the realm of elegance.

As will be seen later, this concept of naturalness, and emphasis on a higher level of personal being is essential to systems concepts. Keeney (1983) called it aesthetics and Bateson (Bateson & Bateson, 1987) believed it to be sacred. The original meaning of the here and now as Perls saw it, will be compared with the new meaning, which has changed with the times.

CENTRAL CONCEPTS OF SYSTEMS THERAPIES

Many of the concepts of the systems therapies have been borrowed from work being done in quantum physics (Capra, 1976; Doherty, 1986; Herbert, 1985; Zukav, 1979), biology (Bateson, 1972, 1979; Maturana, 1978) and general systems theory (Bertalanffy, 1968). What they all have in common is the notion of how human beings construct and understand reality, and the systematic interrelatedness of all things.

The early beginnings of the systems therapies started with Gregory Bateson, Don Jackson, and Jay Haley, studying the families of schizophrenics and their concept of the double bind, which is essentially an interactional communicative perspective. This step was a major shift away from the concepts of mental health problems as something which resided within the patient.

Bateson's (1972, 1979) writings indicated how systems formulate what he called epistemological errors. Errors in the ways in which the family's knowledge about the knowledge of themselves effects their reality construct. The concept of epistemology is extended to include the theories of the therapist who is working with the family (Martin, 1988; Shields, 1986). A scientist's theory will determine what he or she studies, and therefore what he or she knows and sees.

The Nature of Pathology

The concept of pathology is really foreign to the Systems therapist. The concept of internal problems is rejected in favor of an emphasis on the systems organizational problem solving abilities, and natural self-correction (cf. Hoffman, 1981; Keeney, 1983). Thus, the concept of flexibility is a more appropriate focus (Walsh, 1983) than pathology, because faulty, repetitive solutions, and our insistence on doing more of the same rather than look for some new angle are usually the problem. Sometimes problems are a matter of our "view" and our inability to be flexible.

Relationships and meaning are given primary consideration. The organisms (systems) organization is broadened to include the whole ecological field. Multiple realities and multiple perspectives are present in life. Any one organism may meet up with any number of experiences and occurrences in life. What is a problem for one organism, is solved and becomes a "non-problem" for another. The manner of solution, therefore, is really what may become the problem.

Milan systematic therapy (Palazzoli, Boscolo, Cecchin, & Prata, 1978, 1980) also denies the existence of internal problems. For them, the organism (system) is cybernetic, a self-correcting information system. They see the symptom as being necessary for that point in time of the system in an ever evolving process. New information about the system, from the system, may be generated by the questioning of the therapist. In this manner the system may self-correct according to it s own information, maintaining the integrity of itself. Positive connotations of the symptoms help to generate new information and meaning about the system for itself. These reframes allow the system to see itself from a meta position without the locked in belief systems attached.

The systems beliefs about itself (cognitive realities), operate as a filter for new information coming in and gives meaning to what is taken. This structuring of meaning acts as a measure for connotations of information. Other realities are evaluated rather than just excepted as givens.

The Systems therapies see change occurring at two levels, first order and second order. While first order changes are behavioral changes, second order changes include those changes which effect the epistemology (how the system makes sense of and knows itself), the beliefs about its very nature. Much as DNA provides the rules for the structure of cell formation, epistemologies are the rules about the rules of beliefs. Fortunately, it seems that the

properties of DNA may also have programmed into its features the ability to err and therefore to change and self-correct in order for the organism to evolve and survive (Thomas, 1979). Thinking and beliefs can also change.

Because the understanding of this group is that systems evolve out of a natural order of self-corrections, the second generation therapists are establishing a therapeutic stance of neutrality and non-intentionality regarding the work they do with clients. Much as a Zen master deals with life, or an ecologist tries not to interfere with the ecosystem, so too does the systematic therapist work with clients.

The Here and Now

The here and now is understood to be only one point on an ever moving continuum in space and time. The concept of future orientation seems to be more useful to practitioners of the Systems Therapies. Goals of therapy, and of change, are set in the here and now, but anticipate the future. The concepts of evolution and systematic self-correction also imply the future orientation of these theories.

Watzlawick (1984) talks about injunctive language in which the issuing of the utterance is the performing of the action. Enlarging on this concept, he goes so far as to suggest that the future has more importance for the present than anything else. "Imagined effect produces concrete cause; the future (not the past) determines the present; the prophecy of the event leads to the event of the prophesy" (Watzlawick, 1984, p. 98).

Injunctive language is a suggestion to behave "as if" something were really the case. Three interesting examples (cited in Watzlawick, 1984) are: 1) Blaise Pascal suggested to non-believing Christians (known as Pascal's wager) that they could begin to have faith if they would behave "as if" they already believed. 2) The German Philosopher Hans Vaihinger published his "Philosophy of As If," in 1911, and later in English in 1924. 3) Injunctions such as those used in the hypnosis of Milton Erickson are the third example and brings its' usage to the realm of the therapeutic. Thus, Watzlawick points out that people always work with unproven and unprovable assumptions "as if" they were true, therefore creating their reality.

Future time is used by second generation "Milan" therapist and theorist Peggy Penn when discussing the implications of using her "feed-forward" techniques (Penn, 1985). She maintains that asking deliberate questions about how the future will be for the client

(system) "promote the rehearsal of new solutions, suggest alternative actions, foster learning, discard ideas of predetermination, and address the system's specific change model" (p. 299). "Future questions illuminate the present conditions of the system as context-bound" (p. 301).

The issue of the here and now and independent realities is demonstrated by Melges (1988) in his discussion of deviant behavior.

> The impulsive acts of antisocial personalities and delinquents have been attributed to their present-centeredness and lack of future time perspectives, but these acts may be "intelligent" from the standpoint of their subculture, in which hope for delayed rewards is often questionable (p. 14).

Bateson (1972) suggests that if we were to understand and know how our perceptions were taking place, we would not believe them, but because of the fleeting time that it takes to perceive (the biological act of perception), we believe our perceptions. He points out that from the time perception begins to the time we are aware, an ever so slight gap is present, and that from this point of view we are always looking back in time. There are many good reasons for this out-of-awareness, and Bateson assumed this is due to the systems limitations for storage of information. He called this phenomena "economics of flexibility" (Bateson, 1972) and goes to length to describe and justify this out-of-awareness aspect as the guiding principal of behavior from a nested-systems cybernetic perspective.

DIFFERENCES IN CONCEPTS

Pathology

One of the differences between Gestalt and Systems theories is their concepts of epistemology; how the individual knows him or herself. Gestalt theory places greater emphasis on awareness. For the Gestaltist, awareness is everything. The "Systems therapies" emphasis takes the concept of epistemology from awareness and places it on the belief system constructed out of that awareness. The difference is in the domain; Gestalt is an affective domain therapy, Systems therapies focus on the cognitive domain. Perls' emphasis on getting out of your head in order to get into the body is antithetical to problem solving, which is a function of

thought and belief.

Linear, cause and effect thinking is very evident in Gestalt. Systems theory is certainly different with an emphases on circular thinking, and multiple causality.

These factors contribute to the individual theories concepts of pathology or dysfunction. Gestalt sees pathology as internal and intrapsychic; involved with the inner dynamics of the individual. The concepts of Systems Therapies are interactional and assume that relationships are of primary importance.

The Here and Now

The difference between the past, future, and present is resolved in Gestalt therapy by charging that the "acts" of remembering or projecting into the future are really in the present. This "time binding" and bracketing is semantical and reflects the differences in our understanding the nature of the reality of the world, both then (when Perls conceptualized the theory), and now when we have a better grasp on the understanding of space-time relationships.

The Systems therapies concept recognizes the relativity of time and space and puts direct emphasis on the manner in which we create our realities. The process of choice and future thinking is seen as a way to influence our reality construction, and in so doing, influence our here and now. The concept of acting "as if" something were real is seen as more helpful to clients.

COMPLEMENTARITY OF CONCEPTS

Pathology

Both Gestalt and the Systems therapies accept the premise that there is no one reality, that the nature of reality is created by the individual. In making their case for the non-reality concept in Gestalt, it is interesting to note that Van De Riet, Korb & Gorrell (1980), quote Bateson. Their writing was considerably past the time of Perls, and demonstrates the flexibility and advancement of the Gestalt premise.

Both theories see the environment as contributing to the problems of the individual. Gestalt places emphasis on how the environment is digested and metabolized by the individual, where the new theories see the interaction as the problem.

The problem solutions of the Systems therapies are similar to

Perls concepts. "These compulsive repetitions, the living out of something in a very similar way, are our attempts (futile attempts in most cases) to solve the situation" (Perls & Clements, 1968, p. 18).

The Here and Now

The Gestalt Therapy as conceived by Perls has changed, and so has the concept of the here and now. The Gestalt concept of catastrophic expectations (Perls, 1967) is actually the fear of the future, or the irrational fear of the future. This fear is an example of how thought of the future can control and determine our behavior. Tomm (1984, 1987, 1988) discusses this concept in his application of the Milan techniques, and Pinsof (1983) utilizes this concept in his Problem Solving Systems Therapy.

Both theories now recognize that time, and therefore the here and now, are on a continuum and can never be stopped.

IMPLICATIONS

The concepts of pathology and the here and now as applied by both the Gestalt perspective and the Systems therapies perspective have both similarities and differences. One can not help but notice that the theoretical differences are based on two distinct issues; a) the prevalance of the medical model in determining psychological thought during the time that Gestalt was being developed, and b) a more complete understanding of our world and reality as science has progressed.

The medical model concept of sickness and wellness is reflected in Gestalt's ideas of an internal pathology. Physicians, and those psychotherapists who are trained in traditional models, look for something within.

Systems theories are non-medical in that they look for interactional patterns. The theories regarding an interactional nature of pathology are still debated by many, and psychotropic drugs to take care of an "internal problem" are prescribed many times regardless of what other facts are known. Again, as Einstein said, theory determines what one will look for and how one will proceed.

The perception of "present" only remains so in relation to the meaning one attributes to it. If one attaches meaning other than the here and now, the present experience then becomes attached to past, present or future.

progression of thinking in the field, in order to talk about what is really a new paradigm in therapy. Systems theory has a focus on the natural order of mankind, and a respect for how that naturalness will evolve. There is an emphasis on wellness instead of sickness. Systems look at health instead of dis-ease when viewed from a meta position of an evolving, ecosystemic, or holistic perspective.

> Systemic properties are destroyed when a system is dissected, either physically or theoretically, into isolated elements. Although we can discern individual parts in any system, the nature of the whole is always different from the mere sum of its parts. (Capra, 1982, p. 267)

New Science and the sacred come together in our new understanding of our universe and how it functions. Respect for the ecology and natural order of systems means a closer look at how we intervene and provide treatment. The fact that the universe, and all whom are within it, has a natural rhythm, purpose and evolution is evidenced by the excitement which is being generated by many explorers of the universe, as exemplified by those cited above. Rifkin's (1980) work on the subject of entropy and the second law of thermodynamics describes the sacred as transcendent to the Laws of Entropy, the creation of chaos out of order:

> According to the Entropy Law, whenever a semblance of order is created anywhere on earth or in the universe, it is done at the expense of causing an even greater disorder in the surrounding environment. (p. 6).

This concept is again echoed in the last writings of Bateson (1987) where he explicitly warned against intentionality when dealing with systems, or in therapy. Those who write of the New Sciences, and now systems therapies, suggest that playing with these phenomena, whether they be our ecosphere, our general ecology, or the subsystems of personkind, have grave ramifications. Much as the use of DDT was once seen as a healthy intervention but now is evidenced by disastrous results, or, as the cleanup of the Exxon oil spill created more harm, and at greater cost than the original problem, therapy too, can be seen as an intervention with no presently known outcome, and possible unknown disastrous results. There has got to be a respect for the naturalness of the human ecology and purpose. A "leave less footprints" ecological psychotherapy and interventions. When one part of the system is changed the rest of the system is also changed, and we ourselves are part of that system. Perls sensed this, the

Polster's elaborated on the change, and Systems Therapies carry the theme further. A respect for the naturally ordered system was what Perls was aiming for anyway, wasn't it?

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Nourishing #1

Robert Saltmarsh
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The brain codes information through images, sounds, and feelings. The feelings produced as consequences of any thinking process frequently determine one's values, meanings, and choices. Further codings within each sensory system called submodalities effect the power of internal processes. (A word spoken loudly conveys a meaning separate from the same word spoken softly.) It is suggested that each person can learn to select the sequence of images and language as well as the complex of submodalities to produce optimal feeling states and thus nourish the wholesome management of one's model of living.

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THE NATURES OF THINKING

The idea of constructing internal states has a fundamental set of presuppositions. Things we all do . . . include: getting up in the morning and doing things, making lists, remembering, comparing yesterday with today, worrying, and thinking about how things are supposed to be and how we want to make them and what we have to do. A name for that is "imagining." Through imagining we plan how we want things to be. All these kinds of activities begin to generate various forms of thinking.

In our work we simply make the presupposition that thinking isn't just thinking. It is made up of images, sounds, internal language, body sensations, memories, fantasies, smells and tastes. Thinking is really a kind of unspecific verb until we come to this particular model, which suggests that our thinking is made up of

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internal coded representations of sensoric experiences. So when an individual thinks, it is more than just a process of being academic and allowing one's mind to go to work. It is a process of determining which pictures are relevant to all those things related to one's purpose and what kinds of internal talk, what kind of internal voice, ideas and concepts that one is willing to activate.

FEELINGS

Another important idea in understanding how thinking and motivation are structured is that human beings eventually get around to running their lives according to how the pictures and internal talk operate to generate feelings. It is our presupposition that despite our intellectual activity, rationality, firmness, discipline, morality and all of those things, eventually we are going to make many choices based on how we feel. The process of making these choices is very critical because sooner or later in many people's lives it is these generated feelings that determine what life events mean. These feelings help to form the structure of the myth that each of us accepts in order to understand ourselves in a given context in the world and which helps us to generate the stories by which we find significance and meaning in our lives.

STORIES AND MYTHS

We suggested that in our storytelling, we think that memory comes along and says "well this is the way it was," but then pride comes along and says "Oh wait a minute THIS was the way it was." In whatever ways we generate feelings they will eventually take form in our live models of the world—of our models of ourselves. What we are saying, then, is that this whole business of thinking and generating internal states is sensory based and out of these processes we construct the stories and myths that we come to believe and by which we organize our "truths" about ourselves and our worlds.

SENSORY CHANNELS

There are three major channels in which we process, store, and retrieve information. We see it (visual), we hear it or say it (auditory), or we feel it. The term kinesthetic refers to body

feelings. In the kinesthetic domain there are three major subdivisions. We have the tactile "K" category which refers to receiving information from outside the body. Examples include the nature of the air, surface you are sitting on, textures, temperatures, etc. Then we have another category which is referred to as proprioceptive events. Those are events whereby the stimulus occurs inside the body. A muscle cramp, for example, is a proprioceptive event. Becoming aware that you are tired or have an itch are proprioceptive events. So we could say that the muscle and skeletal system is largely under the influence of proprioceptive events. The third category and the one which is most relevant to understanding in nourishing oneself is visceral Kinesthetics. These are the ones that involve the smooth linings of the vascular system, the digestive tract, and the autonomic nervous system. The visceral "Ks" are very responsive to shifts and changes in the emotional components as they are interpreted by our brains. Changes in emotional quality will affect the human physiology and produce noticeable change in the domain of the visceral "Ks". So we have the three major coding systems for information: visual, auditory, and kinesthetic. There is also a fourth sensory channel, the olfactory-gustatory system. It is still a very important part but most human beings do their thinking in visual, auditory, and kinesthetic channels.

An additional interesting component is that we all tend to have a dominant channel. This has powerful implications for interpersonal relationships. As an example, if you are paired up with a person who prefers kinesthetic information and you happen to be a person who prefers auditory information then what you have is a situation in which one person wants to talk a lot and express ideas and concepts and the other person wants to be touched and rubbed and made to feel good. This sometimes does not work when two such people get together because their channels are mismatched. For years in our counseling profession we have used a vague expression of discovering "Where are you coming from?" We think we now have a little bit better idea of how to answer that. One can know that the kinesthetic person is coming from body feelings and the auditory person is coming from the language system. The person who is visually oriented is coming from images and sights through which one represents the world and oneself.

ORDERS OF CONTROL

There is one other concept in effective nourishing of the self. It is important to know about orders of control. Many young counselors accept the idea that really good counseling is a sort of existential exploration of some kind and that it is appropriate to talk about the world in which we live in very vague concepts. Perhaps doing so is still very important for some clients but we are at the point now at which we want to bring a focus on our counseling with another person of first order issues.

There are four orders of control. If you are functioning at the fourth order of control then you have the idea that you can really do something to cause the world or God or the universe to change. It is rare to achieve this level of control. In the third order of control you attempt to make a system do what you want it to. A system can be your family structure, the place you work, or the school you attend. You have a little bit more influence at the third order level than you do at the fourth level, but it is really hard to have control. The second order of control is having control over another person. You will find that it is very difficult to have this kind of control. You have more profound influence over another person when you are in a power position. In counseling, first order control issues are those which the client can start and stop and maintain and make choices about. Those are the ones to which we prefer to bring a focus, consistently seeking out the client's first order issue. If, for example, a client has a roommate who is giving him/her a hard time or one has an alcoholic parent or a sibling is incorrigible, you can sit and listen for a long time about all the stories of misery that such persons cause for the client who is facing you. You come to the question: What can the client do to change the alcoholic parent or the incorrigible sibling? Not much. The client has probably tried everything one possibly can think of. So what is available? At the first order level one can reframe meanings, attitudes, make new choices within oneself about how to react, or make new choices about behavior patterns that are displayed to the other person. Those are the things over which one does have control and about which one has considerable magnitude of choice. Much of this material is in a book entitled *Using Your Brain For A Change* (Bandler, 1985).

In order to understand these first order processes, it is really critical to accept another powerful presupposition about *generated feelings*. The presupposition is that these feelings never come first. The presupposition is that the feelings in the visceral domain

can never happen initially. They are always preceded by something else. That something is either a set of pictures which can take many different submodality forms or internal dialogue characteristics. Eventually if you work back through that whole sequence it is always something else that precedes that generated feeling.

"DESIGNER" FEELINGS

Several years ago it was stylish for counselors to tell folks who felt bad that they were choosing to feel bad. Then we found out that they were right. The flaw is that such a message is just a platitude and people saying those things, in our opinion, simply did not have the sophistication for understanding how those choices could be altered and feelings be changed. So back to using your brain to design those changes:

1. Identify the feeling: For example you are sad or worried or anxious or concerned or you are not sleeping well.
2. Once the feeling is identified, run the mental tape back and locate which internal channel was activated to precede that feeling and therefore generate it.
3. In the process of doing this you identify the critical submodalities and then you start to experiment with the submodalities in order to find the best fit.

ASSOCIATED AND DISSOCIATED IMAGES (MAJOR SUBMODALITIES)

When we imagine pictures we can feel as though we are disassociated from the experience because there is a small image of oneself imbedded in the picture. It is as if seeing "Another Self." We do this in dreams sometimes. In a dissociated image we look like ourselves and can see what we are doing. It is much the same as seeing a photograph of oneself. We can become associated with that representation by stepping into that image and recovering the images of what one was looking at the moment the photograph was taken. That will allow us to gather information from auditory and kinesthetic channels. The differences in association and disassociation become quite useful when one becomes intentional in choosing visual representations. The process of disassociating can be positive in terms of reducing pain and other

interfering or limiting feelings. Conversely, when good feelings are out there and we are disassociated with those feelings it is good to become associated with them.

We can demonstrate this dissociation process easily. Imagine that one of our clients, Julie, has had life experiences which have been unpleasant. (Transcript of demonstrations with co-presenter, Julia Shuppert.):

> We might say, "There has been a time or two in your life Julie, when you suffered from a hangover, am I correct?—Yes!—Do you remember the last time?"
>
> "The last time?" Yes, I remember."
>
> "OK. We've got that. Now, are you in the picture or did you step into the picture?"
>
> "I was there."
>
> "You are in it. Then you begin to recover some of what that feels like."
>
> "Yes."
>
> For Julie, this is an associated image. When a person is in associated form in visual memory it will connect up all of the feelings to that memory at least with some intensity. One begins to feel the same ways one felt when the event originally happened. Now take that same picture and put it out there and dissociate: see Julie being that way.
>
> "All right, Much better . . . the feelings are much less."

We can use disassociation as a very important resource for ourselves to reduce the intensity of negative feeling responses. This is especially true when we find ourselves worrying. Now imagine a very worried Julie; and her response when I ask her about it.

> "You want me to remember what I see when I am worried. I was in this vision, I was associated with those visions and I was feeling somewhat anxious. I was seeing a lot of different associated images. I was involved in each one and I could feel myself doing everything wrong and worrying and getting those feelings back. When you asked me to envision a time when I was relaxed and not worried, I think I was disassociated from that because I could see myself doing things right, speaking and relaxing and so forth, but I did not get relaxed or feel free from worry."

It is an interesting example because Julie disassociated her positive state and associated with her negative state. This is

something found quite regularly with many people. We humans can really relate to the unfortunate parts in life. The good stuff . . . well it is out there . . . "that's not really me." One of the processes we are engaged in in this work is to invite people to choose the option of relating to their good selves. This involves organizing in detail those parts of life events which are supportive and enhancing and directive and doing so in associate form. Now there are some other interesting things. The associate and disassociated submodalities are two of the most powerful. Let us demonstrate a couple of others, with another client, Millicent. (Transcript of demonstration with volunteer.):

"Millicent move over here so I can see you. Think of some issue that remains unresolved in your home life. . . . OK. Is it in color?"

"Yes."

"Is there movement like a movie or is it a still picture."

"More of a still."

"So it is a colored still. OK let's experiment with a little bit of altering those submodalities and keep it still but make it pastel. What happens now?"

"It is a little better."

"The feeling is better. Would that provide you with a better range of choice to that situation?"

"Yes."

"OK. Let's see what we can do with another submodality. Make it into a slow motion picture, keep it pastel but make it a slow motion picture."

"It is hard to do for me."

"Take a little time so you can see it. Now how does that feel compared to the original one?"

"I am not sure."

"Not enough difference to be a resource?"

"No."

Throw that out then. Many young counselors think it is necessary to be an expert about everything they ask the client to do. In doing submodality work we are experimenting. If we don't get the result we want we throw that experiment out. It is not that one is a bad counselor or had a bad idea because that did not work.

"OK, let's try it the other way. Keep it a pastel and run it at double speed. Now does that get a different response?"

"Yes."

"You like that one?"

"I like that one. It is over."

There is an endless array of submodalities with which you can experiment with yourself and kids in class. Little kids and submodalities are fascinating. It is appropriate to think about doing this with one client at a time but you can also use these skills in a classroom or in groups.

In classrooms, there are different things you can do with submodalities to aid the excitements of learning. It is important as you talk to a class or a group to use different modalities. Varying voice tones, pace, and volume is extremely useful. We all do this naturally when we speak in different tones, speak in different volumes, just to keep attention. Visualizing . . . can be used for relaxation in classrooms. It is useful before children take tests, or to get children to calm down if it is a day before a holiday or if they have just come back from recess. You can have them do relaxation types of techniques using visual submodalities. Have children imagine themselves walking through quiet fields with breezes blowing.

In summary, it is hoped that all of us together can begin to break out of the therapeutic idea that this is what you do with one person at a time because the potential of these skills for classes and groups is enormous.

We have an opportunity to practice altering submodalities in many different ways. It is always very appropriate to be graceful with people and avoid forcing assets or resources on people. So it would be highly inappropriate for anyone to come and impose submodalities on another. It is nice for us to have a set of choices with which to experiment. That is the most important part of the thinking process. It is true that each of us has choices about how we structure our thinking to produce our feelings. Skills with submodalities now provide us with powerful ways to re-design feelings states and to lead more satisfying lives, foster creative decision making, and encourage wholesome motivation strategies. In doing so each of us can become increasingly expert in the processes of nourishing ourselves.

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Book Review

Bollendorf, R. F. *Sober spring: One family's battle with addiction.* Chicago: Buckley Publications, 1988, 166pp., $4.95

*Reviewed by Jeff Edwards**

I'm standing center stage at the College of DuPage, in Glen Ellyn, IL, and I'm wondering what I'm doing here. All of the others around me are unequivocally invested with the concept of addiction as a disease, and the need to do warfare on the problem by using interventions such as the one described in this book. Everyone! Including my friend, colleague, and the author, Rob Bollendorf. I'm playing the part of Ken, brother and employer of Hank, the alcoholic/addict in this book-turned-play, and I'm genuinely moved to tears by what is going on around me.

If only it was *always* so easy. A group of concerned family members and employer (in this case, one-and-the-same) get together to confront the addict's problem drinking or substance abuse, by pointing out how the addict's behavior is effecting and hurting the family. The addict taken by the sincere efforts of the family, goes along with the intervention and admits them self to a program of treatment and recovery. Happy ending.

The problem is pointed out by Atkinson and Heath (1990), regarding any purposeful intervention in a system, "In short, individuals are always operating with limited knowledge of the systems they are observing. Unfortunately, action initiated with limited conscious knowledge, however well intentioned, may actually trigger higher-order problems" (p. 148).

Fact: Many such interventions end with the disruption of the family, as the addicted member is overwhelmed by the confrontation, and perceiving the family as blaming them, chooses to leave, or is forced out by the mandates of the family. Some addictions counselors I know would suggest that this is a successful intervention. I do not.

Fact: A significant percentage of persons completing treatment end up in a divorce as the non-addicted spouse becomes uncertain of how to act after the change occurs in their recovered spouse.

---

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It is not uncommon to hear such comments as "I liked them better when they were drinking. At least I knew what to expect." Family therapy can help.

So why am I so affected by this book? Well, for one thing, it's very well written; it reads well, and one can finish it in a few hours. It's very hard to put down, as it absorbs one's attention. The book also knows where it's going, and leads the reader there too. The reader gets caught up with the characters, and hopes for the best as an outcome. The characters are interesting and real; I'm sure that we all know these characters from somewhere in our lives. For families who have an addicted member, this book will be all-too-real, as it points out that most addiction occurs in nice, quiet, suburban homes, with nice, seemingly well-adjusted families. Alcoholism and addiction are all around us, and there is the rub.

As long as addiction is seén in one dimension, as an affliction or disease that is brought to bear on and by one person, effecting others in the family, rather than as the Bio-Psycho-Social-Spiritual *reciprocal* family phenomena for which it is, we will never put addiction in its' place.

The social part is what bothers me the most, as physicians continue to prescribe medications to deal with all kinds of problems for which we might better learn to live with, or pay attention to as warnings. Much like the prescribing of tranquilizers (one of the newest and most widely used medications for depression has recently been linked to other complications), or the use of Thalidomide, or DDT, or any of a host of other, human-made interventions used to "correct" a problem in a system, there are side-effects which may be more harmful than the condition being treated.

What about the constant barrage of advertisements pointing to a better way of life through chemistry, or the latest Tequila or beer ad which implies that using their product will make us sexy and hip. We have been conditioned to take the easy way out, to avoid pain, to have the easy life; temporarily. We will pay for it tomorrow. And, so too, can intervention like that in *Sober Spring* end up as an easy answer, which avoids asking the larger, more ecosystemic questions, for which we might not know the long term consequences.

For those in need of easy, quick answers, I highly recommend this book. It is based on the prevailing addictions model of intervention and treatment. For those wanting to understand the

process of intervention, it is an excellent primer. For those wishing to do something more lasting, examine your own attitudes towards quick fixes, and then call your Congressman and tell them where you stand on drug education, treatment, and enforcement. Let them know that you prefer human life, rather than continuing to amass large stockpiles of the dangerous war machines, to which our society is also addicted.

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* A Personalized Examination of the Acquisition of Basic Computer Skills by Counselors
* The Use of Computers to Do Counseling: Artificial Intelligence and Expert Systems

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EDITOR'S NOTE: Thanks to Dr. Kjos for coordinating the contributors of this special issue on computers.

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Computer Applications in Human Service Settings

Anita Curtis

Computer applications increasingly are used in human services today. This paper will present computer applications used for augmentation of staff resources, assistance with program development and evaluation, provision of client services, operational procedures, and fundraising.

More than futuristic trend (Naisbitt, 1984), the use of computers in all facets of our profession has become a reality. While our credulity may sometimes be stretched by the types of commercial software available for counseling agencies today, there are a number of computer applications which may be used in agency settings for practical purposes such as: (a) augmentation of staff resources, (b) assistance with program development and evaluation, (c) provision of client services, (d) operational procedures, (e) fundraising, and (f) networking. The purpose of this paper is to briefly present some of the computer applications which are presently used in many human service agency settings.

AUGMENTATION OF STAFF RESOURCES

With computer augmentation of staff resources, an agency is better equipped to: (a) manage employment stress, (b) allocate staff resources to agency objectives, (c) perform operations that might not have been possible due to time limitations, (d) increase staff morale and agency performance. When computers are used to conduct agency business, counseling and program staff may be assigned tasks that relate more directly to an agency's mission, support staff may be more fully and effectively utilized, and laborious tasks may be accomplished with ease (Joyce, 1988).

With computer programs, support staff may conduct some routine tasks such as the business portion of scheduling, completing intake forms, and obtaining information about any

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third-party payors. Also, computer databases, such as a database with information about third-party payors, may save staff time spent manually going through other informational sources, making phone calls, or sending letters to obtain such information. Similarly, agency databases which track and generate reports of client demographic data, including referral sources, may save hours of staff time spent manually compiling this data. Demographic data is often needed for developing agency reports and in writing grants and contracts.

Word processing programs make agency paperwork tasks efficient and enjoyable. Counseling staff can type progress reports on ready-made programs for intra-agency use. Support staff may utilize programs such as mailmerge, and capacity for printing envelopes or mailing labels, to assist with interagency correspondence.

ASSISTANCE WITH PROGRAM DEVELOPMENT AND EVALUATION

Word processing programs may be used to prepare annual and strategic, long-term planning documents in which program objectives are matched with evaluation plans. The computer can be used to generate proposals, documents, reports, and even brochures related to agency programs. Computers are essential for developing agency budgets, short-term or long-term, by staff, by programs, by line items, and by total agency income and expense.

Nonprofit human service agencies need data to support their funding requests and to report back to their constituency groups and communities. Specific client demographic information and other agency data may be cross-tabulated and compiled for the purposes of gathering need assessment data, distributing in public information and education leaflets and brochures, and combining with other materials for formative and summative program and agency evaluation.

Funding agencies expect minimal levels of staff performance for their dollars. Staff performance is usually reported quantitatively by the percent and/or amount of direct service hours provided. Human service agencies pass on the expectations of funding agencies, but agencies also evaluate staff quantitatively in terms of agency income and qualitatively in terms of staff performance in their area(s) of specialization. Performance evaluations can be conducted more easily if the quantitative

portions are built into an agency's computerized intake, report, and accounting forms. Then information about staff productivity by client hours and income easily can be compiled.

PROVISION OF CLIENT SERVICES

Some client services may be rendered by computer-assisted programs (Walz, 1984; Wagman, 1984). For example, some agencies may make computer terminals available to clients for interviews (Erdman, Kusin & Greist, 1985), or self-administration of career or other tests. Clients may learn to relax through computerized biofeedback (Alton & Noonberg, 1980) and special computerized audio-visual synthesizers. Also, some mental health centers may utilize a computerized client assessment program based on the DSMIIIR or a type of mental status exam in their diagnostic procedures. Medication databases may be used to select and prescribe client medication.

In addition, professional counselors may conduct clinical assessments with computerized programs such as the MMPI, the Beck Depression Inventory, the 16PF, or the Tennessee Self Concept Scale (Fowler, 1985; Sampson, Ryan-Jones, & Tenhagen, 1987; Sampson, Ryan-Jones, Tenhagen & Koeteeuw, 1987). Computerized assessment has been a topic of concern (Krug, 1989) for a number of reasons which will not be discussed in this article. However, standards for computerized assessment have been set down in the Ethical Standards published by the American Association for Counseling and Development (AACD Governing Council, 1988).

Client services may include intra-agency, inter-agency, and community services. Specialized software and word processing programs may be used to generate intra-agency counseling-related reports and progress notes. Word processing programs also may be used for preparing inter-agency reports and other correspondence. Agencies may keep databases which can be used for community information and referral. Also, national databases may be accessed through agency computers to obtain a wealth of information related to client and community issues, concerns, and services.

OPERATIONAL PROCEDURES

Computers may be used for direct billing and payroll

procedures. For example, agency staff may record their direct service time into client computer files. Third-party payors, such as Medicaid, sometimes may be billed directly by computer, or computer-generated statements may be sent to third-party payors and/or to clients. The client records may be used to document staff hours provided over a given period of time by program, by service, or by agency. In addition, the computer may be used to compute expenses and to generate checks for paying staff and other expenses.

Computer accounting is much faster and more powerful than antiquated double-entry bookkeeping, and is much more useful than hand ledger systems since, with computer accounting, line items easily can be sorted by program income and expense, by staff, and by funding source and fiscal year. The latter is especially useful for the agency having multiple funding sources and fiscal years.

Computer-assistance can greatly facilitate the process of agency evaluation. With the right computer system, an agency may generate reports of program productivity, unit of service costs, staff productivity by income generated per individual or program, and overall agency performance.

Just as other businesses, many human service agencies today develop marketing plans. Public relations materials are important for gaining visibility and marketing agency programs and services. Computers can be used for economically publishing fliers, brochures, and agency newsletters which gets the agency's message to its public.

FUNDRAISING

Fundraising is an important, ongoing activity for most nonprofit human service agencies. Special word processing programs are available from some funders such as United Way for grant-writing tailored to their particular data needs. These specialized programs help maintain a continuous agency database which simplifies the grant-writing process.

Many human service agencies have adopted comprehensive fundraising plans which include seeking grants, contracts, and endowments. These types of agencies may access national databases on potential funders, and they may keep their own computer databases on potential grantors or donors. Their word processing programs are used to generate information on need and

targeted programs and services. Specialized mailing lists can be generated and sent to the targeted donors.

NETWORKING

Agency staff may use local area networking within the agency or may access regional, state, and national data banks. Local area networking enables the use of software for tasks such as word processing, data processing, file management, and identification of resources simultaneously by staff in a common area or in separate offices. Communication may be facilitated through on-line bulletin boards and computer mail service.

Programmed information may be made available twenty-four hours a day to clients who simply phone the agency and follow the instructions they hear.

Agency staff may dial access almost any type of needed information through hundreds of on-line local, state, regional and national data bases (Cane, 1986).

SUMMARY

In summary, human service agencies increasingly are using computer hardware and software in their work. In deciding whether to purchase a computer system, agencies must determine their needs, the types of hardware and software which will meet their needs, and how much can be afforded. Work loads can be lightened and made more enjoyable through the use of computers. "High tech" computerization may increasingly free counseling staff to provide the "high touch" human services that help meet human needs.

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Computer Assisted Follow-up Studies of Counselor Education Program Graduates

Anita Curtis
Donna Bruyere
and
Patricia Klass

A process model for conducting computer-assisted follow-up studies of counselor education program alumni is presented. The thirteen-phase model is paired with related computer applications. The model includes phases such as preliminary data entry and analysis and trial report that may help researchers avoid pitfalls and economically and efficiently obtain useful data.

Counselor Education faculty often are required by their institutions and accrediting bodies to conduct follow-up studies. These follow-up studies help counselor education programs to (a) ensure the relevance of training to on-the-job tasks, (b) obtain information about the kinds of professional opportunities and activities open to graduates, (c) inform faculty about how well programs are meeting objectives, and (d) identify problems (Engels & Wilborn, 1984; Holweger, 1981; Wilborn, 1988). However, almost no literature is available which addresses the need and methodology for follow-up studies of program graduates, and counselor educators often are unprepared to conduct such studies.

The purpose of this article is to present a process model for economically and efficiently conducting computer-assisted follow-up studies and obtaining useful data. The computer-assisted follow-up study model includes the following phases: 1) statement of purpose and objectives, 2) instrument design, 3) pre-response edit, 4) pilot, 5) post-pilot edit, 6) preliminary data entry and analysis, 7) preliminary report, 8) pre-distribution edit, 9) instrument

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distribution, 10) post-response edit, 11) data entry, 12) data analysis, and 13) final report.

For clarity, the model in Figure 1 represents each phase of the follow-up study process. The paper isolates each phase and pairs it with the related computer application. The discussion includes examples from the authors' most recent follow-up study of alumni for the 1989 Illinois State Board of Education evaluation of the Counselor Education Program and for a curriculum study to meet Counseling and Related Educational Program (CACREP) standards.

PHASE 1: STATEMENT OF PURPOSE AND OBJECTIVES

1. Clarify purpose and objectives of the program and the reviewing body.
2. Define goals of the study to accommodate both program and reviewing body requirements.
3. Operationally define program and agencies' objectives.
4. Define limits or constraints of the study (money, time, etc.).
5. Define target population.

The intent of program surveys is to obtain reliable information related to program objectives. Frequently, however, the survey responses fail to generate the desired information. We needed data that would both address specific criteria set by the ISBE for the ten year evaluation of our counselor education program, and be useful in making curriculum revisions in keeping with CACREP standards. In addition to the usual demographic data such as age, race, gender, job title, description of population served, we needed information regarding our graduates' satisfaction with their curriculum in relation to their current employment responsibilities, their continuing education needs, and their professional involvement and goals. We found word processing, which can make almost any writing and editing task more efficient, helpful. However, one may or may not choose to use the computer at this stage.

Questions at this phase are: (a) Will this data be used to meet more than one need? (b) What kinds of data were collected in past follow-up studies? (c) Should data be banked for future use? (d) If so, what additional information might be gathered? (e) Will comparisons be made with past or future follow-up studies?

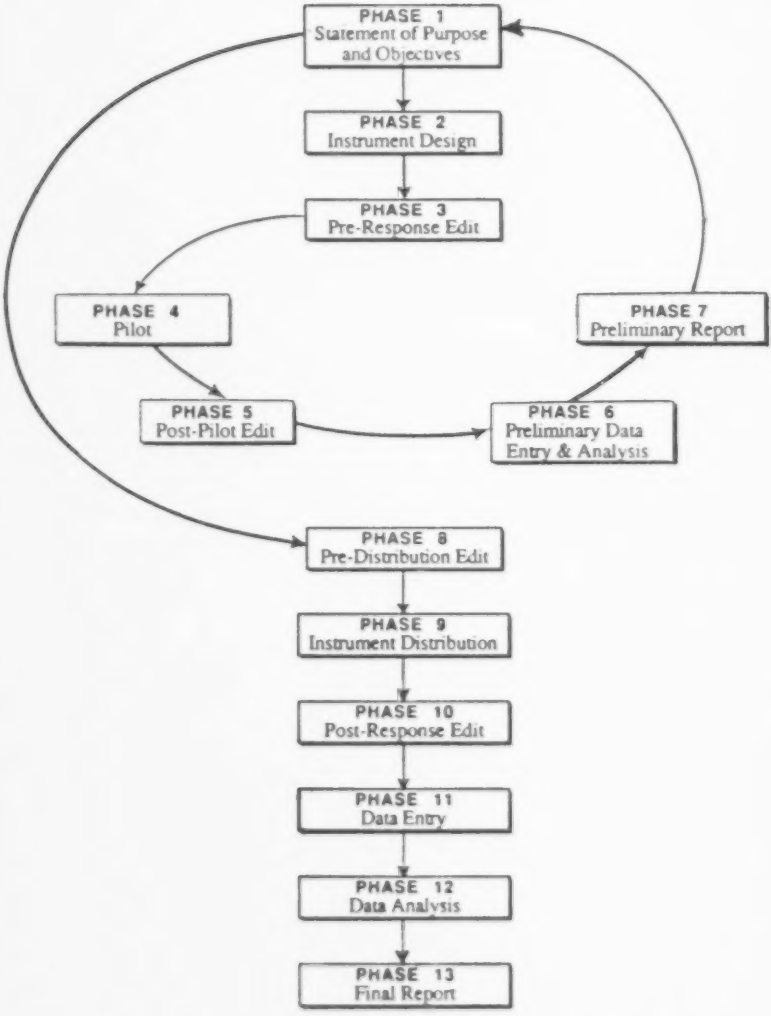

Figure 1. FLOW CHART

PHASE 2:
INSTRUMENT DESIGN

Our three major concerns in instrument design were to (a) design an attractive instrument that would not require much response time or effort, (b) develop an item response format that would measure degrees of satisfaction or need rather than simple yes-no options, and (c) develop a format that would yield data for comparisons.

To engage the respondents' cooperation, reduce their response burden, and increase their response rate (Dillman, 1978; Holweger, 1981; Orlich, 1978), the instrument was limited to four 8½ by 14 inch pages reduced to two 8½ by 11 inch pages printed front and back on buff-colored paper. Limiting the survey to two pages reduced not only response burden, but also contained mailing costs (Dillman, 1978).

The items were grouped under subsections, with headings for easy reading. To measure our demographic, attitudinal, need, and professional data, four response formats were used: simple check list, ordinal scales, Likert scales, and open-ended questions. Simple check lists were used to gather demographic data. To avoid multiple equivalent responses to certain descriptive items, respondents were instructed to rank order their responses. Likert scales were used to measure degrees of satisfaction or needs. This format is preferable to simple yes-no responses because scaled responses are more useful in making comparisons between groups. Open-ended questions were placed at the end of the survey to reduce response burden (Dillman, 1978; Holweger, 1981). These responses, which were hand tabulated, showed the breadth of student involvement in professional activities and indicated specific areas of expertise and accomplishment.

Survey items and responses were obtained from prior follow-up studies, faculty, and current students. Some items, selected from past surveys and retained for comparative purposes, may need to be periodically updated (Smodley & Olsen, 1975). In our study, salary range was one such item.

In the item construction phase, response burden was reduced by (a) considering carefully the types of questions used—open-ended versus forced choice or multiple choice questions, and (b) limiting the range of possible answers (Russ-Eft, 1980). Vague modifiers such as "rarely," "hardly ever," or "often" were rarely used because they leave too much room for interpretation (Bradburn & Seedman, 1979). Items were worded clearly leaving little

room for respondents to misinterpret the meaning of the question of the expected response form.

The editing capabilities of most computer programs makes the revision process a relatively simple task. Rewording items and reordering sequences may be done easily and quickly on the computer. A cover sheet was not considered because of the length of our questionnaire. However, a cover sheet could have been generated by means of a computer graphics program. Word processing enabled the timely development of a satisfactory instrument while we continued to meet teaching and other faculty responsibilities.

PHASE 3:
PRE-RESPONSE EDIT

10. Proof and circulate first draft of questionnaire for comments.

In this third phase, the program faculty read and discussed the survey instrument. Using the computer for word processing, the researchers made any recommended changes in items, format, subgroupings, and length.

At this point, certain item responses were coded to aid computer entry. Following a comparison of the format of our instrument with the computer program, a trial run was conducted, item by item, to ensure that the data entry format would accommodate responses. Changes were made in the few discrepancies found in the format which enabled collection of data that might have been lost for interpretation through coding problems in the post-response phase.

In the past, our pre-response editing would have consisted of eyeballing survey items and making necessary revisions. The instrument would then be sent to a sample whose responses would be used as a measure of the clarity of the items and response format. Not until the surveys were returned by our graduates would we have defined a format for post-response editing.

In the computer-assisted pre-response edit phase, some distance from a survey instrument may be gained that can help the researcher gain objectivity and prevent distorted perceptions and potential bias. Also, when the format of the survey instrument is compared with the format of a statistical program, it may become apparent that the information the investigator is seeking will not be the information received.

PHASE 4:
PILOT

11. After revising questionnaire, conduct a pilot study with a sample similar to the target population.

The pilot usually is conducted with a sample drawn from the population to be studied. However, for our pilot study we used current graduate students rather than a sample from the population. The students responded to the survey as if they were alumni. The survey instrument was stored on computer, which made copies for the pilot.

PHASE 5:
POST-PILOT EDIT

12. Code pilot questionnaires.

After the current graduate students completed their surveys, the instrument was edited. Responses were checked for errors, missing data, and for a match between the data expected and data obtained. Ambiguous items were modified so respondents' interpretation of those items were the same as the researchers' (Barber, 1973; Orlich, 1978). Because the sample was very small (10 current students), we did not use the computer for the post-pilot edit but would have if the sample were larger.

PHASE 6:
PRELIMINARY DATA ENTRY AND ANALYSIS

13. Enter and analyze data and calculate reliability of items (if possible).

In the trial run, the preliminary data should be entered into the computer program using the format established. Codes assigned to certain responses should be checked. The researchers should then conduct a trial data analysis testing all the commands and statistical procedures to determine whether the survey instrument will generate usable data.

PHASE 7:
PRELIMINARY REPORT

14. Write a preliminary results/discussion section.

In phase 7, word processing can be used to write a trial preliminary report using the pilot data. A draft of the survey instrument

and the report may be distributed to program faculty to see if the survey results provided the information needed to meet objectives.

The audience to whom the results are reported may require specific data and reporting formats. For example, the Illinois State Board of Education and the Council for Accreditation of counseling and Related Programs require specific reporting structures and supporting statistical data. Not all data generated may be immediately used. Some data may be considered unnecessary, redundant, or unrelated to the follow-up study but helpful in future research.

PHASE 8:
PRE-DISTRIBUTION EDIT

15. Modify questionnaire based on problems with writing the results/discussion section or with unreliable/poor items.

Phase 8 tests the survey instrument's ability to meet the objectives set in Phase 1. The information gained from the preliminary data entry, data analysis, and report should be used to make final revisions in the pre-distribution edit phase. If there have been major problems in any of the preceding phases, the steps may be repeated. In the long run, these extra steps may prevent major expenditures of time and money, and avoid receiving useless data. Also, the face validity of the instrument may be increased when the format of an item is checked for clarity, objective, and congruence with objectives. During our pre-distribution edit, a final check of the word processing file was made before printing a master and ordering copies.

PHASE 9:
INSTRUMENT DISTRIBUTION

16. Generate multiple copies of mailing labels for target population (or sample using techniques described in survey methodology texts).

17. Copy enough questionnaires for multiple mailings.

18. Code questionnaires with ID numbers for follow-up purposes or for matching with other data bases.

19. Send first wave and follow-up questionnaires at appropriate intervals.

A follow-up survey may be sent to different alumni groups: that is, to all program graduates, to all individuals graduating in one

particular year or years, or to a computer generated sample. Smodley & Olsen (1975) discussed the difficulty of obtaining reliability and validity estimates when surveying subgroups of program graduates suggesting longitudinal follow-through surveys instead. We obtain longitudinal data by periodically surveying all program graduates.

With computer assistance, instrument distribution can be extremely efficient. The names and addresses of alumni may come from a data base and may be printed on mailing labels. By coding names with numbers and generating a table of random numbers, a statistical sample may be drawn and multiple mailing labels printed for first and second wave mailings.

A 51 percent response to our anonymous follow-up study was obtained. If our surveys had been coded and checked by respondents, a second wave of mailings might have been used to contact graduates who had not responded. Phone calls to nonrespondents also might have been an option. These techniques might have increased our response rate.

PHASE 10: POST-RESPONSE EDIT

20. Edit responses and document decisions on the treatment of missing or incorrect data.

The usual post-response edit process, which can be conducted separately or combined with data entry, can involve a lengthy and time-consuming process (Fingerman, 1979). In contrast to Fingerman's lengthy editing processes, our post-response edit was relatively short due to our work in the earlier phases of the model.

Our post-response edit consisted of editing the numbered instruments. Potential problem areas such as (a) gross responses in which respondents might circle an entire column of responses in one subsection, or (b) idiosyncratic responses that did not match the item response choices were checked. Such problems might have distorted our data or mislead us in our data analysis phase (Russ-Eft, 1980). However, only a few of these responses were found and they were deleted in this phase.

The choice between recording data on a summary sheet prior to data entry or direct computer entry depends on the number of respondents, the amount of data, the survey format, the statistical package, and the type of computer(s) used. We chose to have our graduate assistant record the data on a summary sheet before

entering it into the computer because several item responses required coding before computer entry.

Because obtaining reliable data is extremely important, the results of early respondents may be compared with those of late respondents to determine differences, if any. Also, using previously gathered statistics on the total sample population, researchers may check for representativeness between those graduates who responded and those who did not.

PHASE 11:
DATA ENTRY

21. Enter responses into the computer; proof all entries and double check computer input against original data.

Our data were entered directly into the computer from a summary sheet using the format created during the pre-response edit phase. Keying errors were checked with an on-line entry edit. Because the formats were already checked using preliminary data at an earlier step, this phase went smoothly.

PHASE 12:
DATA ANALYSIS

22. Analyze data (and calculate reliability, if possible).

A computer analyst was consulted about our data analysis needs. Descriptive statistics and cross-tabulations with chi-square and Fisher one- and two-tailed tests were generated for our sample. These non-parametric tests are commonly used with survey data (Orlich, 1978). The results were printed out as lists and tables.

Our next tasks were to (a) interpret the results, (b) decide how to separate or merge data, and (c) decide how to display the data in our Illinois State Board of Education report. These tasks can be accomplished in a relatively short time when preliminary data entry and analysis have been conducted and a preliminary report has been written. After our data interpretation, we requested that computer services print our chart and tables in a graphic form for inclusion in our final report.

PHASE 13:
FINAL REPORT

23. Write results and discussion based on objectives/hypotheses.

24. Disseminate final report.

25. Save backup copies of data and coding on diskettes, tapes, or cartridges for future research or comparisons with later populations.

The reporting of results is the final phase of our computer-assisted follow-up study. Attractive and readable reports may be prepared and printed with computer assistance. The computer may again be used for word processing or desktop publishing during this final phase of the follow-up study.

SUMMARY

Experience with follow-up studies provided us with some insight into the problems involved in survey research. A post-response edit of the follow-up instrument and survey data may be very time consuming. Survey objectives may not be met if the obtained data are not reliable and valid. Valuable data may be lost if the response format selected for the survey instrument does not fit well with the format of the statistics program. Some poorly measured data may be salvaged in a computer-assisted post-edit process. However, a computer-assisted pre-edit process helps to ensure efficient collection of usable data from a reliable and valid survey instrument.

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HORIZONS: A Computerized Career Information Delivery System for Illinois

Diane L. Kjos

Illinois is one of forty-five states to sponsor a computerized career information delivery system. This article reviews the implementation of the system and gives recommendations for future changes to make it more responsive to the needs of counselors.

"Finding your way through the job market maze can be difficult. In Illinois, we're trying to make the journey a little easier" (Thompson, 1988, p. 5).

Since 1981, Illinois residents have had access to a computerized career information delivery system (CIDS) through the Illinois Occupational Information Coordinating Committee (IOICC). One of forty-five state systems, the Illinois CIDS (HORIZONS) is a product of a national effort to provide counselors up to date, easy to use occupational information (McDaniels & Flanders, 1988). Illinois developed HORIZONS because of the belief that ". . . no one should have to make a career decision without having access to all of the best information available about the state's job market" (Thompson, 1988, p. 5).

HORIZONS influences the career decisions of individuals throughout Illinois. These include dislocated workers, displaced homemakers, public aid recipients, prisoners, the handicapped, older workers and high school and community college students. In 1981, when HORIZONS began providing services to Illinois, unemployment was a primary concern. As the system moves into its second decade, the concern will increasingly focus on the shortage of skilled workers.

FEASIBILITY STUDY

In 1979, the state Department of Commerce and Community Affairs contracted with Northwestern University for a study to

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determine the feasibility of implementing a CIDS in Illinois, make recommendations concerning the choice of a system, and suggest an implementation plan (Rath, Jacobson, & Grabowski, 1980). Selected recommendations from this study which influenced the structure and future activities of HORIZONS included:

1. Operate the CIDS as a separate unit reporting to the Executive Director of IOICC.
2. Implement DISCOVER using the state computer system to establish immediately an Illinois CIDS.
3. Organize the information collection function as a separate unit, reporting to and governed by the IOICC Director. This function was to be distinct from the CIDS operation.
4. Collect service fees from user agencies and organizations to enable the CIDS to be self-sustaining by the third year of operation. (Rath et al. p. 8-9)

IMPLEMENTATION

Although the IOICC did not follow all the recommendations, the feasibility study served as a basis for the initial start-up of the Illinois CIDS in 1981. Later changes responded to technological innovations and the availability of new resources.

One of the recommendations was that the Illinois CIDS operate as a separate unit reporting to the Executive Director of the IOICC. This would give the system a clear identity and meet national guidelines for CIDS. The original staffing pattern followed this recommendation as well as other staffing recommendations. The current CIDS director is the Assistant to the Director of the IOICC.

The IOICC decided to adopt both DISCOVER and the Oregon Career Information System (CIS). The Career Information System was the second choice recommendation of the feasibility study. The distinct differences between these systems offered a combination of features that would serve the diverse needs of Illinois DISCOVER is a comprehensive guidance and information system which at that time was mainframe dependent. CIS, primarily an occupational information system, could be offered as a mainframe system or in a non-computerized version. DISCOVER came with national data files but would need state data. CIS, on the other hand, would need extensive data development before it was operational in Illinois.

A mainframe version of DISCOVER was installed on the state computer system and made available for use late in 1981.

Concurrently, staff begin the task of developing the extensive information needed to implement CIS on the Educational Computing Network.

Initially, HORIZONS staff carried a portion of the information collection function. The immense amounts of information needed to implement CIS required intense concentration on this effort in the early years. For example, HORIZONS staff identified more than 136 educational programs in 629 post-secondary schools in Illinois. The occupational files include detailed descriptions of over 320 occupational categories covering over 90% of the jobs in Illinois. This information is updated each year and is available both in computer format and in print. The printed copy comprises three volumes which can be purchased separately for reference purposes. Currently, a separate staff handles the information collection function and HORIZONS staff use this information to update files and prepare new resources.

The original recommendation that HORIZONS be self-supporting within three years was optimistic. User fees and contracts were to form the basis of this self support. At the same time, the IOICC wanted to make the system easily accessible, so user fees needed to be kept at a minimum. Thus, while a portion of the current budget comes from user fees and contracts, HORIZONS continue to need additional support from governmental agencies.

INNOVATIONS

HORIZONS today is, in many ways, different from the system envisioned by the IOICC and HORIZONS staff in 1981. Changes have been made to enhance the effectiveness of the organization and improve service delivery. The mainframe version of DISCOVER proved to be cumbersome and costly. Further, DISCOVER began to move away from mainframe delivery to its current micro computer systems. In 1984, IOICC decided to drop the mainframe version of DISCOVER. With this move, the staff dedicated their efforts to the CIS system.

One of the first innovations was a micro computer version of QUEST, the access strategy to the Career Information System. In 1987, Micro-CIS, a complete micro computer version of CIS became available. This system not only offers Illinois specific occupational and educational information, but provides national college and military data. It also includes a series of files designed to provide assistance to the job seeker or to someone

contemplating self-employment. Micro-CIS continues to be updated and improved on a regular basis. In addition, HORIZONS strives to develop and offer additional resources. Micro-Skills and a video based administration of Quest are examples of these.

RECOMMENDATIONS

Like all CIDS, HORIZONS faces many challenges in its second decade. Delivery systems, information management and user training all continue to need attention.

Lester and Ollis (1988) recommend that CIDS implement improvements to make systems more attractive and user friendly. While the system demonstrates improvements with each year's update, there is much more that can be done. For example, improvements in the video display of information on CIS would make the system more interesting. HORIZONS should also explore additional ways to use new technologies and programming capabilities to make the system more engaging and easier to use.

The balance between the need to increase user access and the cost of service delivery is an ongoing issue for HORIZONS. With an increased demand for a skilled work force and projected job shifts, the need for accurate and up to date career information will become more pressing. Concurrently, HORIZONS needs to periodically reassess their funding base with consideration for self-support.

Information management has always been a concern for HORIZONS. As more information is added to the system, users find the system demanding a larger share of available computer storage space. At the same time, additional information, such as regional specific data or more detailed occupational information would make the system more helpful for counselors. Optional data disks and network capabilities may respond to some of these needs.

One of the primary challenges facing HORIZONS in the coming decade is that of user training. "The effectiveness of computer applications depends on how well counselors and human development specialists understand the use of computer software in service delivery" (Sampson, 1989, p. 1). User access, application and satisfaction may all be influenced by the level of counselor training.

Computer career information systems do not stand alone. Counselor interface is an important component of any computerized system (Sampson, 1983). Counselors need to make sure that when

computers are used in counseling they are used within the counseling relationship (AACD, 1988).

HORIZONS needs to continue to explore ways to offer training to counselors and other system users. The enhanced Improved Career Decision Making (ICDM) training program as well as other training models can assist in this effort. Counselor educators can assist in this effort by including computer applications in career counseling courses.

CONCLUSIONS

As it moves into its second decade, the role of HORIZONS remains that of responding to the career information needs of the people of Illinois. Counselors serve as the primary interface between the system and its target population. New technologies, increased counselor awareness, a changing work force, and growing information resources will affect the way HORIZONS carries out its role.

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AUTHOR NOTES

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Illinois Association for Counseling and Development *QUARTERLY*

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3. Be sure to include an abstract (150 words maximum) of manuscripts and lengthy material. The abstract should be a brief, informative summary.
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A Personalized Examination of the Acquisition of Basic Computer Skills by Counselors

Kathleen M. Byron

Learning basic computer skills can be as challenging as it is rewarding. Counselors can choose computers for administrative functions, assessment tools, or in training. Purchasing a computer is difficult and assistance may be required. With persistence and patience the novice will benefit from the use of the computer.

INTRODUCTION

Entering the world of the computer can be frightening. Who can tell what this crazy machine might attempt? Could it possibly be more intelligent than I? Second class citizenship to a box and a screen may not be a source of inner joy to most individuals. However, to be able to function in our present day society most people need to have an understanding of basic computer knowledge and some ability to implement it. Counselors can benefit from the diverse capacities and functions this machine has to offer. It's services can be endless. Where does one begin to acquire a grasp of the concepts it requires to operate this new creation of our society? The perceived vastness of knowledge it must take to control it, may in itself scare many folks to the depths of their paper and white out.

LEARNING TO USE A COMPUTER

I tell my knees to stop shaking as I walk through the Computer Lab door. These people don't know I have never been within 6 feet of one of these machines. I bravely ask for WordStar and find a computer hidden in the corner. After five minutes I admit self defeat and sheepishly beg for assistance in turning the machine on. . . .

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A review of the literature indicates counselors will need to acquire basic skills related to the use of a computer. To operate in this decade without a computer could be compared to operating with horse driven transportation. Dinkmeyer and Carlson (1983) suggest four specific competencies that counselors need to acquire:

"1. An elementary knowledge of microcomputer components and some of the surrounding computers.
2. An awareness of the current uses of microcomputers by students, teachers, and counselors.
3. The ability to identify and act upon inherent ethical issues concerning the present and future uses of computers in the schools.
4. A willingness to see and act upon potential opportunities for the use of microcomputers." (p. 6)

"Computer literacy, or at least some degree of exposure to computers is quickly becoming a part of education at all levels." (Berven, 1985, p. 27) From preschool through graduate school, students are exposed to the availability of computers. Berven (1985) suggests that in the near future, every faculty member and every student in many colleges will have access to their own computer. Certainly, basic knowledge of the terminology, language and operations of the personal computer is necessary.

But where does an individual begin to acquire this knowledge? Several sources are available to inform the computer novice of the mechanics of the machine. *The computing teacher* ran an article by Niess (1985) that displays a simple model to help students visualize the computer memory and disk drive operations. Dinkmeyer and Carlson (1983), describe the computer's basic parts and history. Beaulieu (1989) in a four part series introduces basic concepts necessary to understand and use MS-DOS. Green (1984) attempts to alleviate concern of the difficulty of understanding terminology and operations. Concepts covered in this article include an explanation of computer hardware and software, data representation, programming language, and an explanation of the differences between computers.

A person's first experience with a computer is often with a word processing program. Many of these programs have tutorials for a novice user. They are "user friendly" and help ease computer phobia with comic relief, clear cut instructions, and examples.

Word processing makes a pen and typewriter look prehistoric. "You can type rapidly without worrying about margins, carriage returns, and hyphenating words" (Owen, 1985, p. 33). Duplicating

is effortless, mistakes are snickered at, and quickly eliminated, and work is permanently stored, never to be chewed by the dog again. Once familiar with the rudimentary procedures any remaining phonic reactions will suddenly, (or almost suddenly) vanish.

> What do you mean it's gone? I spent one half hour learning how to underline a word, and six hours typing it into the hard drive. Make it come back!

Word processing possesses files that can be visualized as manila file folders in your file cabinet drawer. Information is stored in these files and is retrieved at a person's command. A file is opened and the user writes and edits simultaneously. The word wrap feature automatically moves text to the following line. A cursor marks one's spot in the file. It is manipulated anywhere within the file to add, delete, or edit text. Many word processing programs have the time-saving feature of a dictionary and thesaurus to aid and check work.

> Now that I understand how this program operates, I think I am ready to start typing my thoughts onto the screen and skip the thinking on paper stage. I could save myself a bunch of time . . . Might even have time to make a real meal.

Counselors can use the word processor as diversely as one is creative. "Text editing programs (word processing) allows the counselor to handle large volumes of correspondence more easily." (Nelson & Krockover, 1983, p. 18). Administrative services such as client information and notes, case loads, scheduling, logs, goal setting, and professional writing consists of some of the uses for word processing by the counselor.

After learning one computer package, there is less stress in learning each additional package. From here the options are endless. From personal use, such as publishing to finance and office management, the counselor can use the computer to find more time to counsel.

There are increasing numbers of software programs that provide professional counseling and therapeutic help. The *Counseling Software Guide* (1989) is an invaluable resource that describes and reviews current programs available.

Computer Assisted Instruction (CAI) promises to become an exciting tool in the training of new counselors. Students can be exposed to interventions that are spontaneous and realistic before actual client contact. Other programs teach factual knowledge, interpersonal development and enrichment. (Phillips, 1984).

Skill is developed without the fear of meeting another real person. This is exciting and the possibilities seem endless. I wonder, will learning how to program be as uncomplicated as acquiring the operating skills?

With all the advantages and advances in microcomputer technology, comes the parallel possibilities of misuse and abuse. How is confidentiality monitored? Is computer assisted testing and assessment being used properly? (Dinkmeyer & Carlson, 1983). The data stored in the computer has a larger capacity to store information for longer periods of time. Computer systems that operate on a time sharing network may allow remote access to restricted information. (Sampson, 1983). Sampson (1983) speculates about the ethics of counselor interaction. Counselor interaction may be decreased by computer use. Clients with emotional problems or computer anxiety may be disserviced by computerized counseling.

HOW TO PURCHASE A COMPUTER

The luxury of using a computer very soon can turn into a need to own one. The arduous task of purchasing the perfect computer can turn into somewhat of a quest to find the right foot for the shoe left behind in that infamous fairy tale. Carefully listen to and sift through advice. Some people are quite biased in their belief about one model that should be perfect for everyone. Others may have ulterior motives, such as the desire to sell you their old system. "The main criteria when selecting a microcomputer are usually: low cost, performance, complete hardware, complete software, convenience, and reliability" (Zaks, 1980, p. 141).

It is important to identify the major uses the computer will perform. Not all computers perform all tasks equally well. Software and hardware need to be compatible. If the buyer plans to program they need to inquire about the language the potential computer uses.

Video displays are an important feature and can add significantly to the cost of the computer. The importance of this decision is clear after glaring at a screen for several hours. While in the learning stages it is advisable to purchase tested, well-known products, both in hardware and software. Gain competence in a variety of programs, before purchasing lesser known products. With added new knowledge, the user will want to add more features to the system. Another factor to contemplate is the

potential for expanding computer memory and capabilities:

> I want a color monitor, a 1MB whatever, um, 40 something to make it go fast, a port for a CD player, a color printer, and a drive for a 5¼ disk, and one for a 3½ disk. . . . HOW MUCH DID YOU SAY THAT WOULD BE? . . . Well, maybe I could take out a lien on my mortgage.

SUMMARY

As with any type of learning, persistence pays off. Once some basic skills are acquired, new knowledge is assimilated quickly. Counselors can benefit from in-service and pre-service training for help. It is time that counselors become comfortable with the machine that plays such an important role in our society.

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The Use of Computers To Do Counseling: Artificial Intelligence and Expert Systems

Michael E. Illovsky

The purpose of this article is to educate members about artificial intelligence and expert systems. It is predicted that artificial intelligence and expert systems will play a greater role in counseling. Strengths and limitations are discussed.

The purpose of this article is to familiarize our members with artificial intelligence and expert systems. While the use of artificial intelligence by counselors is extremely limited, it is used in many other fields (e.g., see Bowerman & Glover, 1988, for a list of applications). It is difficult to see a future in which counselors will not have to deal with artificial intelligence and expert systems: there is bound to be an increase in these programs. Already, there are psychologists and psychiatrists who have developed programs to deal with mental health problems. Therefore, counselors should have some familiarity with this subject.

As a start, one should be aware that artificial intelligence is a more general area within which expert systems are part. Artificial intelligence (AT) can be defined as the area of computing concerned with replicating the physical and mental attributes and skills of humans (Bryant, 1988). An expert system is a program (set of programs) capable of recommending solutions to problems and tracing and identifying the logic applied in reaching recommendations (Leigh & Doherty, 1986).

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ARTIFICIAL INTELLIGENCE

Artificial intelligence specializes in understanding intelligent systems—particularly the human system—and simulating intelligent activity in machines. The primary thrust of AI research has been to develop theories, models, and computer-based prototypes of intelligent entities. . . . Thus, a machine or program is said to be "intelligent"—in the AI sense— if it exhibits external behavioral characteristics usually associated with an intelligent biological entity. Primarily, two prospectives have been investigated in AI for achieving simulated intelligence. The first uses the human brain, mind, and nervous system as its primary model to be emulated in developing intelligent systems. The human cognitive system or the visual system, for example, might be considered basic computational architectures to be replicated. The second perspective considers the intelligence function to be more important than the computational form. This less restrictive approach opens the door to any internal means of producing the desired behavioral result, regardless of whether the internal mechanisms used are human-like (Bowerman & Glover, 1988, p. 2-3)

EXPERT SYSTEMS

Basically, expert systems ask questions that an expert would ask. The user responds to a series of questions and statements. The computer implements the user's responses through simple and logical instructions such as: "if-then," "and," "or," and "else."

These statements are put together into a series of steps in order to solve a problem. The user responds to questions which takes the user through a decision tree to a point where a recommendation or decision can be offered. Some systems also allow the user to go back and review the reasoning which produced the result. Programming using an expert system requires that one inputs the rules (e.g., "if-then" statements) and a list of facts. For example, one can have the client go through a series of questions using the DSMIII-R classification system to delineate the person's problems, and/or one can program a computer to go through a series of steps, such as: *if* a person has had a recent death of a loved one in the family, *and* is not eating well, *and/or* has been having crying episodes when thoughts of the loved one comes to mind, *and* has not been able to experience any pleasure in the past three months, *then* the person may be depressed. At this point the computer

can refer the client to another section of this program that provides information about depression and remedial activities. One can program the computer to follow reasoning processes (Siegel, 1986). One can program the computer to engage in multilevels of reasoning and feeling, from simple to complex (Bowerman & Glover, 1988; Liebowitz, 1990).

One does not have to deal with strictly "all or nothing," "yes and no" statements when programming a computer. Programs can be developed that can deal with uncertainty and unclear situations by using conditional statements, probability theory, and game theory. That is, one can make decisions in terms of the probability of the occurence of the situation. Or decisions can be made based on which choice would offer greater rewards. Or decisions can be made based on past choices, and an analysis of which consequences were desirable and undesirable. Or decisions can be made based on stipulating the conditions under which they would be made. One can use heuristics (non-quantifiable problem-solving techniques) which are based on the selection of alternatives (Leigh & Doherty, 1986).

While the range of possible problems and solutions in counseling are myriad and complex, the reality is that many of the problems and solutions that are dealt with in counseling are redundant and routine. At this nascent stage, the initial use of expert systems might be to deal with the problems that we deal with routinely, (e.g., depression, self-esteem, study and skills.) Those of us who train other counselors through workshops and by writing are basically providing expert system programs, except we do so verbally or through the print mode—by the way, there are computer programs and hardware that can enable the computer to receive or give information verbally or through print.

Computers can be used to complement the counselor's services. In terms of legal problems, one can always add caveats in the program, (e.g., "the user of this program is not to make any decisions based on this program without consulting a counselor.")

LIMITATIONS OF ARTIFICIAL INTELLIGENCE AND EXPERT SYSTEMS

Bowerman and Glover (1988) present a number of limitations of expert systems. I would like to address their points:

1. Cognitive tasks are too complex for computers to emulate. I feel expert systems can be as complex as the programmer

makes them. Also, complex tasks have themes and patterns that can be delineated; for example, the decision trees in the DSMIII-R can be, and has been, computerized so that by the process of elimination and selection the clinicians can narrow the wide array of possible disorders to get a diagnosis.

2. Expert systems are suitable for areas requiring narrow fields of expertise but are limited in dealing with areas that require general intelligence. I would argue that one could develop a system that consists of many mental health problems which are linked to each other and upon which we can continually build. Also, within the area of measurement there is an argument whether there is indeed general intelligence (e.g., the "g" factor), or whether intelligence is specific and discrete. Additionally, the field of counseling seems to subscribe to the thought that those who specialize are better at dealing with specific problems than the generalist counselor (no matter how intelligent).
3. Expert systems have problems dealing with exceptions to the rule and cannot deal with areas outside their expertise. This seems to be a valid argue and the counselor should make sure that the appropriate referrals are made when referring clients to use the computer. The appropriate warnings of the computer's limitation should also be presented to the client. It should be noted that human counselors can also have problems dealing with exceptions to the rule and can have problems dealing with areas outside their expertise.
4. Expert systems lack common sense and thus cannot deal with problems that require flexibility and are ill-defined. This appears to be a valid point. But this argument assumes that counselors who do programming do not have common sense or else they lose their common sense when they engage in programming. This argument assumes that a programmer/counselor who is forced to utilize the body of literature in counseling and computers, and who is forced to examine his or her logic, and who works systematically, and who has consulted with experts in that particular mental health problem, has less logic than other counselors. Also, what constitutes common sense is not universally agreed upon (e.g., for some counselors common sense clearly demonstrates that alcoholism is obviously a disease, for other counselors it is mostly learned behavior.)
5. Expert systems have problems dealing with inexact, fuzzy logic (qualitative simulation) and thus have problems dealing with

inexact, context-sensitive concepts such as large, small, near, far, and almost. It seems to me that if the problem is fuzzy and ill-defined, a counselor who makes judgments based on this type of thinking may not be providing the best solutions. A computer may facilitate the clarification of fuzzy thinking and logic. In addition, if a program does not cater to the logic and problem of the client, the programmer can make modifications to meet the client's needs.

6. Expert systems lack intuition and therefore have problems dealing with solutions that require subconscious reservoirs of creativity and insight. This seems to be a valid point but I would like to point out that there are schools of thought in psychology (e.g., Behaviorism) that might argue that discovering subconscious factors might not be necessary or sufficient for viable therapy to occur.
7. Expert systems cannot learn. Expert systems may not be capable of learning but their programmers can learn.
8. Expert systems lack self-knowledge (e.g., expert systems lack introspection) and cannot examine themselves. This is true, but one can argue that humans need self-knowledge to deal with human factors within the counselor (e.g., counter-transference issues) that might interfere with the counseling process. Computers do not have to deal with personal issues that might hinder their effectiveness. One might also argue: is self-knowledge necessary for therapy to occur? Some schools of counseling (e.g., Behaviorists, Rogerians, RET) would say "no." Also, a medically-trained psychoanalyst might argue that no counselor has sufficient self-knowledge to do good therapy unless s/he has a medical degree and has been through intensive psychoanalysis with a qualified psychoanalyst. There are not many counselors who would agree with this assessment.

One could also argue that another limitation of expert systems is that they do not provide warmth, unconditional positive regard, and empathy. This is a valid point—especially if one is a Rogerian. One might also extend this argument to other methods of communication (e.g., books, movies, poetry, and art) do not reflect the qualitative aspects of the human condition as well as unconditional positive regard, and empathy to be "cured" may not have these needs—with the exception of unconditional positive regard—met by computer programs and perhaps should not use them. The reader should note that one can make a program more humane by adding graphics, humor, and music—elements not

typically present in most counseling sessions.

Artificial intelligence promotes clear thinking on the part of the programmer/counselor. It forces one to examine one's logic and premises. It forces the client to be active and to respond. Artificial intelligence allows us to continuously evaluate our program and allows us to continuously make changes with more information. Carl Rogers released psychotherapy from the cabal of psychoanalysis. Psychoanalysis was an esoteric world which only the initiated could be privy to. He shed light on psychotherapy by publishing transcripts of sessions. He replaced the mystical processes and terms of psychoanalysis (e.g., the unconscious, subconscious and complexes) with more accessible and understandable processes and terms such as: warmth and positive regard. Perhaps artificial intelligence can offer the next step in the development of elucidating therapy by allowing us to examine not only the signs and symbols we use in therapy, but it also forces us to operationalize these signs and symbols, and allows us to more rigorously examine the logic of approaches and techniques.

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Editor's Note

The following materials consist of presentations given at the IACD Convention in Springfield. Efforts were made to encourage presenters to submit their presentation to the *Quarterly* for publication. The presenters in this issue are the ones who responded to this call. They are to be commended. We owe them our gratitude. For the most part, these presentations have not been edited and have not gone through evaluations by our Editorial Board. The decision to circumvent the editorial process was made for two principle reasons: a) we very much want to encourage presenters to submit their materials for publication and it is hoped that eliminating the barrier of having to do revisions (which is most often the case) will facilitate the submission of presentations, and b) we very much want the members who did not attend the convention to have the information that was presented there; thus, if we need to circumvent our editorial process to promote the dispensing of this information, we will do so (at least in this particular case). Any presenter who wanted his/her written presentation to go through our editorial process was most welcome to do so.

Please be aware that the preceding does not reflect a change in our editing process. Instead, it reflects the characteristics of a particular situation and an attempt to meet the needs of our members.

Cognitive Apprenticeship: Implications for Cognitive Reframing in Counseling

Annette Buckmaster
James Farmer
and
Barbara LeGrand

INTRODUCTION

Counselors frequently empower people by helping them change.[1] Often this involves cognitive reframing: changing people's perspectives and corresponding behavior to improve their performance in the real world. Cognitive Apprenticeship is a recently-developed educational approach which can be a powerful tool for use in the task of cognitive reframing. The method has been getting considerable attention in educational circles where it has had impressive results (Collins, Brown & Newman, in press).

The purpose of this article is to introduce cognitive apprenticeship and suggest implications for its use in educational approaches to counseling. It will begin with a description of Cognitive Apprenticeship; then some illustrations of the use of cognitive apprenticeship in real life will be presented: an example from the senior author's own work and an illustration from a counseling setting. Finally, there will be a brief discussion of why this approach seems to be such a powerful way of helping people change.

DESCRIPTION OF COGNITIVE APPRENTICESHIP STEPS

Prior to beginning the cognitive apprenticeship process, the new ways of thinking and corresponding behaviors to be taught are determined. The instructor provides whatever prerequisite

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information is essential for enabling learners to understand what they will be observing in the subsequent phases of cognitive apprenticeship. The minimum amount of prerequisite information is provided, in keeping with a cognitivist, holistic, top-down approach to instruction. Such instruction is intended to let the learner see what doing "the real thing" looks like immediately. This contrasts with the tradition of teaching "prerequisite" knowledge, attitudes, skills or competencies, assuming the learners will understand the significance of what they have learned and eventually be able to apply it to doing the real thing.

Cognitive Apprenticeship, as modified by the authors for use with adult learners, consists of the following four phases engaged in sequentially (sometimes the modeling and supervised practice phases may need to be repeated).

PHASE 1
MODELING WITH ARTICULATION

At the heart of cognitive apprenticeship is *modeling*[2] the real-life activity to be learned. The modeling is done by someone who is proficient in doing the activity in real life. The learner observes the performance of the entire activity, not subskills broken down ito smaller components. The modeling is accompanied by *articulation*: the model states the essence of what s/he is thinking. This can include a description of the tricks (domain-specific heuristics) the model has learned through experience which help in doing the real thing.

The following conditions are essential to creating an effective cognitive apprenticeship experience:

a. One or more persons who are proficient in performing the task or dealing with the problem are available to act as models.
b. They can identify and demonstrate a satisfactory way of performing the task or dealing with the problem.
c. They can model this in the time available.
d. The modeled situations demonstrate how to deal with all common problematic aspects of the real-life activity.

Choosing the appropriate model is important. The model should be similar to the learners in basic characteristics (to reinforce the learners' belief that they possess the qualities necessary to be able to perform the action). Models must also be proficient at a level the learners can appropriately aim for (ie, beginners should have

a minimally proficient model, learners who are proficient should have expert models). (See Perry & Furukara, 1980)

PHASE II
PRACTICE WITH ARTICULATION AND REFLECTION, AIDED BY COACHING, SCAFFOLDING REMEDIATION

After observing the modeling, the learners[3] are asked to practice doing the real thing and to articulate the essence of what they are thinking. This includes stating what the learners plan to do and why prior to action. *Coaching* or guidance is provided by the model or other instructors who provide feedback about the learners' performance and suggestions for improvement.

The learners' practice is facilitated by *scaffolding*, which consists of support, reminders and/or special aids that make the learner's practice easier, less stressful, and less risky than the real life activity. *Remediation* is provided as necessary based on difficulties evinced by the learners in the scaffolded performance of the real thing.

During this phase learners are encouraged to *reflect* on (think about) the differences between their performance and the model's performance in order to develop self-monitoring and self-correcting skills. Reflection is facilitated by discussion, alternation of model and learner activities and group problem-solving.

PHASE III
FADING

As the learners increase their proficiency in approximating the behavior, the amount of coaching and scaffolding offered decreases. (This is called *fading*.) Fading is indicated when the learners' demonstrated performance is sufficiently similar to the model's and they display justifiable confidence.

PHASE IV
EXPLORATION

Exploration occurs in two ways. When the learners have become proficient in doing the real thing, they explore on their own (self-directed learning) ways of doing it that fit the specific conditions (including relevant role expectations) of their own settings. Exploration also occurs in the cognitive apprenticeship setting where

the instructor and learners discuss the generalizability of what has been learned to other real-life tasks.

One important thing to remember in considering these phases, is that all of them are essential to an effective cognitive apprenticeship approach.

AN EXAMPLE OF THE USE OF COGNITIVE APPRENTICESHIP FROM THE AUTHOR'S WORK

The senior author was asked to design a customer relations training program for pharmacists who work in a difficult hospital environment where they are often hassled by angry, tired patients, and sometimes tempted to retaliate.

The goal of the training program was to help personnel develop a concerned attitude toward customers and use behaviors that would help solve customers' problems and satisfy customers needs. The objectives were to enable the pharmacists to: a) understand and perform appropriate customer relations behaviors and b) exhibit a pro-service attitude to solving customer problems, initially in the classroom setting and ultimately in the real pharmacy setting.

Prerequisite learning included: a) organizational service standards, b) an orientation to the value of improved customer relations, and c) tips for handling angry customers.

Modeling of real life situations was done using role plays of common pharmacy problems (which were identified with the help of a pharmacist survey). The pharmacy manager, who was proficient in maintaining good customer relations, served as the model and coached the learners when they practiced in the role plays. *Articulation* and reciprocal learning occurred in several ways. The role play was stopped at crucial moments and class members were encouraged to suggest alternative behaviors and to evaluate the performance from a customer relations perspective. Role players discussed why they had used particular strategies. The discussion encouraged individual *reflection* on the underlying attitudes and development of new ones.

Scaffolding was provided by giving individual participants an opportunity to practice the appropriate behavior in their own role plays. A foundation for real world scaffolding was laid down by encouraging the participants and their manager to practice supporting and *coaching* behaviors in the role plays and to commit themselves to performing the same behaviors in the real world.

The coaching behaviors included praising the handling of difficult cases, and giving sensitive, constructive advice about how to improve performance.

The pharmacy manager initially gave much praise and advice then gradually let this *fade* as the appropriate behaviors became established. The individual pharmacists and their manager have now begun to *explore* ways to solve other customer service problems.

In the process of developing this cognitive apprenticeship some new knowledge about customer service was developed: a) previously tacit behavioral expectations were made explicit, b) as problems with existing systems were recognized, new systems which made it easier to serve customers were established, c) pharmacists' suggestions about how to better serve the customers and respond to problems became institutionalized in new behavioral standards and d) the discretionary area in which pharmacists have some freedom to select appropriate behaviors began to be better defined and systematically taught.

THE USE OF COGNITIVE APPRENTICESHIP APPROACH TO ASSERTIVENESS TRAINING

Assertiveness training is a type of counseling that involves extensive cognitive reframing. There are many ways of conducting assertiveness training programs. In *Responsible Assertive Behavior*, Lange and Jakubowski (1976) describe the use of procedures that are essentially identical to the cognitive apprenticeship approach.

An assertion problem is identified and becomes the focus of the training program. The potential participants are screened for the presence of the problem and absence of other problems that would make it difficult for them to participate in the training program.

Early in the program prerequisite knowledge such as information about the distinction between assertive, nonassertive and aggressive behaviors is provided. Lange and Jakubowski describe various ways of *modeling* appropriate behaviors. Typically, the counselor does the modeling, articulation and coaching. Sometimes others who use appropriate forms of assertiveness but are more like the learners are recruited to do the modeling, articulation and coaching. Video modeling seems to be especially helpful because *articulation* can be added in a variety of places. For instance, it can be dubbed into the modeling sequence as an aside

which reveals what the model is thinking while performing assertive behaviors. Counselors use *articulation* and *reflection* to help participants identify faulty internal dialogues and develop new ones. One way of doing this is to have the participants recall real-life instances in which they encountered an assertion problem and report on their inner thoughts. Counselors help them recognize and label their faulty thinking. The counselors then suggest other alternative ways of thinking about the problem. Participant's role play of their own individual assertion problems allows them to practice the new behaviors under *scaffolded* (protected) conditions in which they receive support, *coaching* and reinforcement from the counselor and other participants.

Lange and Jakubowski also suggest excellent ways of scaffolding that enhance transferability to the real-world. These involve homework assignments. The participants identify real situations in which they want to improve. Counselors help them plan and carry out the specific cognitive, affective and behavioral changes outside the group. For instance, participants are shown how to decompose the assertion problem into a series of steps representing progressively difficult stages in real-life activities. The participant then contracts with the counselor to begin practicing assertive behavior at the easiest stage. When this has been done satisfactorily, the participant can move into progressively harder stages. Assertiveness training sessions can be used to practice dealing with particularly difficult stages in the process. Participants make written reports on their progress and are taught how to assess it for themselves.

Lange and Jakubowski do not explicitly refer to fading or exploration, but these phases could easily be added. Instead of ending an assertiveness training group abruptly at the conclusion of the formal training period, a support group could be formed, which would meet regularly to offer advice and encouragement and gradually decrease meeting frequency as members became more comfortable with the use of their new skills. Also, the counselor could remain a resource for individual participants, assisting with difficulties they might have for a period of time after the conclusion of the training. Exploration could occur by adding a discussion at the concluding session in which participants were encouraged to think about other settings in which they could use their new skills, and identify a series of increasingly difficult real-life steps in which the new skills could be practiced.

WHY COGNITIVE APPRENTICESHIP WORKS

Cognitive apprenticeship is particularly effective as a tool for cognitive reframing for three reasons. One, cognitive apprenticeship offers multiple ways of helping the learner develop his/her new mental model (schema). These include: emphasizing articulation by both the model and the learner, encouraging learner reflection[4], and providing an opportunity to observe the features of the performance that can not be explained because they are tacit.

Two, cognitive apprenticeship allows learners to acquire the appropriate behavioral models through observation and practice with coaching and scaffolding. Learners are protected from the potentially risky or dangerous consequences of trying out the behavior for the first time in real-life situations.

Three, cognitive apprenticeship provides a learning environment that maximizes transferability to real-life settings. Ellis (1965) and Osgood (1953) emphasized the importance of similarity between stimulus aspects of training and application tasks. "The greater the similarity of stimuli in the structured learning setting and the setting where the skills is to be applied, the more likely the transfer." (Sprafkin and Goldstein, 19) Cognitive apprenticeship ensures "life-like" learning by providing:

1. Relevant and realistic modeling in situations that are very similar to the ones participants will face in real-life.
2. Physical props similar to those used in real life.
3. Models who are the same as, or as similar as possible to, those who perform the activities in real-life.
4. An opportunity for participants to practice in life-like settings or in real-life under scaffolded conditions.

Sometimes, there is an additional and unique way cognitive apprenticeship can enhance transferability of learning to real-life settings. The process of developing a cognitive apprenticeship training program may cause important persons in the real-life setting to make explicit previously tacit role expectations. If these behaviors are made a part of the content learned in the cognitive apprenticeship, the new performance is more likely to be rewarded in the real-life settings.

IMPLICATIONS FOR COUNSELORS WHO ATTENDED THE IACD CONFERENCE

Counselors who attended the IACD Conference were asked to

consider the implications of cognitive apprenticeship for their own counseling practices. They suggested a number of settings in which cognitive apprenticeship would be useful. These include:

a. Programs to improve communications: within the family, between parents and school, and between students and teachers.
b. Group counseling done at the elementary school.
c. Non-traditional careers counseling.
d. Counseling children with behavior disorders.

A number of sources of appropriate models for these programs were mentioned. Models for the elementary group counseling could be sixth graders; the models for non-traditional careers counseling would be persons in those careers; children with some behavior disorders could sometimes serve as their own models through the use of video taping.

The counselors identified several advantages of cognitive apprenticeship for these types of counseling. These included: its proactive nature, the ability to demonstrate that a problem is shared, and making it easier for those being counseled to learn how to take risks.

The major disadvantages of cognitive apprenticeship noted were: the time involved for implementation, problems with confidentiality and obtaining parental permission, and maintaining participant commitment to attending cognitive apprenticeship sessions.

The counselors were able to suggest several ways of dealing with these problems. The time issue could potentially be handled by conducting fading and exploration phases by phone. The commitment difficulties could be dealt with by: a good initial job of selling the program, special efforts to maintain strong interest in the program, and the development of participants' commitment to each other.

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FOOTNOTES

[1] "Empowering people is a specialized form of 'helping people change' (Kanfer and Goldstein, 1980)

[2] Underlined terms are the key aspects of cognitive apprenticeship (Collins, Brown & Newman, in press) (Brown, Collins & Duguid, 1989).

[3] Cognitive apprenticeship can be used for one-on-one as well as group instruction.

[4] Both articulation and reflection encourage the learner to become conscious of previously dysfunctional internal dialogue and to develop more appropriate new internal dialogue. "What persons say to themselves about new thoughts and behaviors determines whether the behavioral change will persist and if it will generalize to other situations." (Meichenbaum, 1976)

Empowering the College Freshman

James J. Johnson

College students completing their freshman year were asked to identify the single area of college life about which additional information would have made their transition from high school less stressful. Study skills deficits were the most frequently cited area. Time management, money management, and independent living skills were also repeatedly mentioned. The students also expressed the feeling that they could have made better use of their high school preparation. Suggestions for facilitating student acquisition of these skills are included.

Ten years ago, when IACD met in Peoria, a colleague and I presented a program entitled "What My High School Counselor Never Told Me" which revealed the perceptions of the success of their high school guidance services held by college freshmen. The study was limited to college selection and vocational counseling goals which seemed a logical focus for that audience. It might be observed that guidance programs and counselors fared relatively well in the students' opinions.

Concerns of the present study are much broader—seeking to identify the high school or pre-college experiences which would have been most helpful for transition to college. In retrospect, the earlier study seems to have been somewhat off-target, since only 2% of the present sample felt that college counseling or vocational information was a significant lacking and less than 5% mentioned anything within the narrowly defined scope of guidance programs. However, practically ALL of the suggestions made would easily fit within the broader role which high school guidance programs fulfill as either providers or facilitators.

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METHOD

The present study was conducted at the end of the spring semester of 1990 in an auditorium section of the introductory psychology course. The students were virtually all second-semester freshmen, so most had successfully finished their first year of college, or at least "stuck it out" through two semesters. As an optional extra-credit project, the students were asked to respond to the following question:

> The transition from high school to college provides a great challenge for everyone.
>
> What one kind of information that might have been provided for you in high school (but was not) would have made life easier for you as a college freshman?
>
> Be specific.

In order to award the extra credit, the participants had to sign their responses, which probably added to the seriousness and validity of their replies. Many of the students were not satisfied with identifying a single area, and although 135 class members elected to participate, a total of 163 problem areas were identified. After the responses were collected, they were read and grouped into categories which emerged from the data. While it might be argued that "cleaner" data would have been provided by more structured questions, that method also tends to channel the students' reactions into the researcher's structure. The actual words of the students will be used along with quantitative information in presenting the results.

RESULTS

High School Academics & Guidance

Although realistically, most students change majors or make an initial selection of a major after arriving on the college campus, there remains a belief that this decision should be made before college. All who work with students would echo the statement that "the counselors should encourage the student to pick the right college and career," and only 3 students identified this area as their major problem. One felt that additional information on "career options" and "employment trends" would have been helpful. One felt that "counselors should recommend college to

all and not just the college bound," and one "wished (her) counselor had told (her) to apply earlier." Probably the most helpful suggestion was that "counselors should let the students know that if one hasn't decided on a major or decides to change majors that college will take more than 4 years." This probably falls into the realm of knowledge that most assume that students—high school or college—already know, but apparently don't.

Most of the 18% of the students who made suggestions related to high school guidance and academic curriculum echoed what most professional educators would say, and probably what the students would NOT have said a couple of years earlier. One commented that she wasn't "made aware of the high school courses which would prepare her for successful college career," and many felt that high school courses should be more challenging. Among specific subject matter areas which were identified as less demanding than they should have been were math, chemistry, science, and particularly English. The most frequently cited need was for more writing experience.

> "I feel my teachers 'cheated' me by being too lenient."
>
> "If high school classes were more demanding, I wouldn't be having problems coping with the vast amounts of reading for college classes."
>
> "Too much time was spent reading *Julius Caesar* and *One Flew Over the Cuckoo's Nest*. Not enough time was spent teaching students how to write. . . . (We need) a lot less reading classes and more writing classes."
>
> ". . . a lot more writing courses and lot less poetry projects."

Study Skills

It will probably come as little surprise to find that over a quarter of the students (26%) identified study skills deficits as the biggest hurdle to be cleared during their freshman year. It probably SHOULD be surprising, however, since the novelty of living away from home is being faced for the first time by most of these students, and they have been working at studying—at least to some extent—for a considerable period of time.

The comments of the students on their lacking in study skills did not express displeasure with the high schools for not providing study skills, so much as for not making high school work

challenging enough to MAKE them develop these skills. Some suggested a workshop on better study habits, but the success of such a program run in isolation would seem questionable since no one suggested that *in high school* they were aware that they needed better study habits. The comments of the students, however, might be helpful in stimulating interest in the development of better study habits than they currently have or need.

> "When I came to college, I was expecting it to be a continuation of high school. It wasn't."
>
> ". . . in college you can't just memorize, but you have to learn to apply concepts and develop a full understanding."
>
> ". . . have to adjust to huge lecture halls. Learn to take notes when they aren't just as given . . . having to adapt to many different instructors."
>
> "For each class the instructor has his own particular way of studying. For a test, one teacher might go by the text, one may go by the class, or both."
>
> ". . . at times teachers don't even discuss all the material you'll be tested over."

In a sense, the perceived need for additional study skills might be a relatively easy challenge for the high school to meet. Almost all have experts on study skills. The real challenge may well be in getting the students interested enough in study habits to want to improve their own.

Money Management

One of the more frequently identified problem areas which came as a surprise was money management. Almost 10% indicated that this was the single biggest problem that they had experienced which could have been reduced or alleviated by knowledge prior to coming to college.

The comments ranged from very general ones, such as "learning how to balance a checkbook before a person goes away to school would be very helpful," to the warning that not being experienced in money management "might suddenly lead to a rude awakening (to find that) late night pizza to have (as) a snack every night can add up!"

One student suggested a course in personal finance and

budgeting as the medium for gaining these skills. Several commented that the nature of long range planning was important because as the semester progressed the budgetary problems compounded. Since the data were gathered at the end of a semester, those who had encountered difficulties in this area were undoubtedly experiencing them most acutely at that time.

This problem area was also seen as overlapping with independent living skills. For example, "Personal expenses are underestimated when planning for school." One respondent complained about the unknown, unknowable, or hidden expenses for which planning was impossible (optional study guides which were almost mandatory, lab fees, computer fees, etc.). At least one student must have been contemplating a career in education, since he commented, "Life would be easier for me if someone had told me that I would be broke from now on."

Time Management

Time management skills were identified as a serious lacking by 19% of the students. It might be mentioned that the categories are obviously not mutually exclusive. What one student might have called "study habits" might have been referred to by another as "time management," and by a third as "independent living skills." But, about a fifth specifically spoke to the problems in organizing their time.

Suggestions for providing these skills ranged from a call for "a lecture" to a need for "a course."

> Among my first weeks at ISU, I realized the hard way that unless I was organized, I might as well go back home. There was no one around anymore to assign study hall hours to me when I had to study. Suddenly nagging parents and teachers had vanished. So I did something I had never done before. I bought a daily reminder and began planning out my schedule everyday.
>
> Tell them to keep track of the days of your tests, because the teachers won't remind you here.
>
> It would have helped if my teachers and programs in high school better stressed the importance of time management. It is so easy to use your time poorly with all the activities going on around you, and you will need to know what decisions to make about studying and

when. Basically you need to know when to play and when to study.

The information that could have been provided would be about how much free time you have—or the free time that you believe you have. It is easy to get your priorities mixed up.

Stress Management

Only 1% mentioned stress management as a skill which would have made their freshman year easier. Additionally, both of these students specifically mentioned the stress of final exam week. Even this very small number might have been less if the data had been gathered at another time in the semester. While undoubtedly a valuable skill, based on these responses, stress management might be easily provided on a more limited basis for the few students who experience more stress than they feel they can handle. The important point here is that ALL students need to be made aware of the opportunities for such help that does exist on all campuses.

Residence Hall Life

At our university, a great many of the undergraduates live on-campus in residence halls—not always by choice. There are both philosophical and practical reasons which support the requirement that non-resident freshmen live in residence halls, but this mode of living has also posed some problems. Some of these are a part of the transition to independent living, and some are a property of the specific mode of independent living.

As one student put it, "We need more information from teachers and counselors about 'college life' in general." Entering college freshmen usually have no idea whatever about what to expect in dormitory life. For example, suggestions on what to bring were called for.

> I had no idea what to bring for survival in the dorms. I would never have even thought to bring a 'medicine cabinet' if it weren't for my mother.

> Too much . . . too little . . . I feel I brought down almost my whole room when I could have brought half of what I did.

Some clearly focused on problems associated with the style of living found in the residence halls.

> I wish someone would have told me to be prepared to have every facet of my life public—meaning from day one of college, the thought of 'privacy' seems only to be a figament of my imagination.

Some grasped a real need such as "high school never taught me to deal with dorm life or how to compromise with others such as roommates." "Someone should explain how you'll be living with a roommate and a lot of unfamiliar people." Some comments undoubtedly reflected unpleasant experiences during their freshman year. One commented

> I had never experienced prejudice before entering an integrated university setting and feel that it would have been helpful if I had been made aware of stereotypes and prejudice beforehand.

And finally, one student summed up the bit of knowledge which he would have been best off knowing beforehand as "Don't trust anyone."

Independent Living—Personal Responsibility

Being thrown into the world of college life and independent living is a well-recognized source of stress for college students. One minute they are sitting in a high school class with required attendance and living with parents who are providing guidance and support; the next moment they are "out there alone." The transition to independent living is often looked upon as one of the most desirable aspects of college life, and yet it can also prove to be a major obstacle to a successful college experience. In his book, *Going Crazy*, Otto Friedrick says, "The most important novelty of going off to college, and the cause of most college crises, is the freedom to control (or not control) one's personal life" (1975, p. 123).

Textbooks could hardly improve on the prescription of one older student who had been in the armed forces between high school and college.

> (High schools and colleges) should instill upon the student that from the point of high school education on, it becomes the student's *independence* that will be the most

> difficult time in his/her life. The factors affecting independence include grades, social identity, and the ability to cope with new situations without parents.

Some felt that high schools *could* help by structuring part of the senior year to foster these skills. "One thing that I think I could have been taught was the importance of self-responsibility." "I wish that they had also taught some more types of responsibility—you waste a few years learning these." This last comment was accompanied by the drawing of a sad face

> You go from a controlled environment where everything is *told* to you and you're treated more as a child to an environment with less restraints and treatment as an adult. Your parents have full responsibility for you and then . . . WHAM / BAM *you* have full responsibility for you. This can be a bit overwhelming.

The students appeared to be rather sophisticated in their analysis of the challenges that independent living had presented for them. One commented that it wasn't the homework or the grades that created the hassle, but "rather dealing with not being at home." Another pin-pointed the problem of figuring out "how to deal with a different type of peer pressure because you're away from home and don't have your parents' reinforcement to cope with stressful situations.

Interestingly, most of the respondents did not adopt a blaming attitude toward their high school programs. As one commented, "It's not what my high school didn't teach us, it's what we didn't learn." However, many did feel that the secondary schools could help by providing an experience for seniors which would be more like a college atmosphere. Among the changes called for were machine-scored objective tests, fewer reminders of assignments and paper-due dates, grades based on fewer examinations, optional attendance, etc.

SUGGESTIONS/SOLUTIONS

If there were an easy solution to the problem of easing the transition from high school to college, there would be few freshmen who experience the type of stress which seems to be normative for college freshmen. Most high school counselors are well aware of the issues, and many guidance programs *do* provide

assistance directed at the very critical issues identified by respondents in the present study. However, an all-too-common comment from high school counselors is that although such programs are planned and offered, they can't get the students and their parents interested in them. Most of the discussion which followed the presentation at the fall conference centered on recognition of the challenge of motivating parents and students to anticipate the crises before they arrived on the college campus. Perhaps some "merchandizing" suggestions would be in order.

Despite a tendency for the respondents to call for "a course" as the medium for providing the knowledge desired, a workshop format seemed to lend itself to the handling of the number of relatively independent issues involved. The goal of such a workshop would seemingly not be the resolution of all the students' problems, but rather the identification of individual issues and provision of knowledge of the resources necessary to solve them before college begins. In light of the scheduling difficulties when events are spread out over several weekends or weeknight evenings, an all-day workshop held on a weekend would seem particularly appropriate. A sample "program" is included.

Publicizing the workshop as a commercial venture rather than as "public service" also has some merit. Too often counselors and teachers willingly donate their after-hours time for such programs because of their commitment to education. These services are then offered at no cost to interested students and parents. Unfortunately, too often people feel that when something is "free," they just about get their money's worth. This is not to suggest exhorbitant costs for participants, but charging a nominal Registration Fee—something on the order of $10 per student or $15 per family—might actually make the workshop more attractive. The fee could be used to cover the costs of such things as printed fliers to advertise the workshop, or perhaps a packet of materials for the participants, with any surplus going into the guidance fund.

Although most schools have sufficient expertise to run fine workshops of this type, outside "experts" might be desired to assist with the program. Any number of us in higher education would be glad to participate, and we tend to work pretty cheaply, too. Using IACD members or personal contacts usually works well. Another valuable source of information can be gained through utilization of some former students who are presently in their first year of college. Such individuals are usually delighted to come back as "experts" and the high school students can

readily identify with them.

One of the respondents typified this kind of enthusiasm and interest in sharing their experiences. Although the information was collected on a half-sheet of paper, she provided 4½ pages of suggestions, and it would be difficult to improve on her conclusion:

> Last of all, have fun! College is a wonderful experience. Meet people, join clubs, go through rush, and get involved. Be friendly and outgoing and you will be amazed at how many new people you meet.
>
> Have fun! Good luck! Remember why you came to college in the first place—if you don't know, then don't even bother!

Our job—be we secondary school counselors, college teachers, or student personnel workers—is to help the students *know* why they come to college. When they know this, the motivation to be properly prepared can be capitalized upon easily.

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COLLEGE TRANSITION WORKSHOP

8:30 – Registration – Coffee and Doughnuts
9:00 – Welcome and Overview of the Workshop – Former Students/ Guidance Staff
9:30 – After Selecting a College—What? (College Visits, Preview, etc.)
10:00 – The College Environment and Millieu
10:30 – Time Management Skills
11:00 – Money Management
12:00 – Lunch
1:00 – The Challenges of Independent Living
2:00 – Study Skills – What You'll Need to Be Able to Do Differently
3:00 – Dormitory Life
4:00 – Getting the Most Out of the Remainder of High School and Summer
4:30 – Wrap Up – Where Do You Go From Here

Helping the Helpers: Stress Management and Burnout for Counselors

Olive B. Poliks

Stress and burnout are examined in the context of current literature, demonstrating the need for mutual self-help groups to disrupt the burnout syndrome.

This presentation will examine the serious nature of stress and burnout in the counseling profession, including a discussion of its causes and manifestations. In addition, professional strategies will be explored that are appropriate for dealing with the inevitable and unique stress that counselors encounter.

Counselors are more "at risk" than other professionals (DeVoe, Spicuzza & Baskind, 1983; Edelwich & Brodsky, 1980; Freudenberger, 1975; Gold, 1983; Iwanicki & Schwab 1981; Kaiser & Polczynski, 1982; Kyriacou, 1987; Maslach, 1976, Maslach & Jackson, 1981; and Pines, Arabasen & Kafry, 1983). Counselors work at *living* our profession. Attempting always to be available, we try to remain detached, loving and nonjudgmental. When the kids are screaming and the spouse is harried, *now* is the time to demonstrate complete and loving support. We affirm the other (who just threw up on the rug), encourage the harried (who just called you a "cold son-of-a-bitch"), and pet the dog (who just ate your favorite gym shoes).

STRESS

The historical definition and exploration of stress began with Selye in 1956 and his description of the stages of stress. Stress moves sequentially from (1) adaptation to (2) alarm to (3) resistance to (4) exhaustion. The manifestation of stress appears most apparent on a physical level. Stress increases the heart rate, elevates blood pressure, increases rapid shallow breathing, dilates pupils, heightens all senses, and tenses muscles (Gillespie, 1988). At the

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same time, stress has an emotional component. Stress tends to make people depressed, less emotionally responsive, more anxious, and less flexible. Behaviorally, individuals under stress reflect these physical and emotional symptoms, demonstrating less efficiency, less interpersonal involvement and less commitment to their professions (Maslach, 1976). In order to identify the stress-prone counselor, we must look at external sources (situational factors) and internal sources (individual personality characteristics) of stress (Schwab, 1983).

External Sources of Stress

The components of work-related stress involve relationships at work, organizational structure and climate, factors intrinsic to the job, the role of the organization, and opportunities for career development (Golasewski et al, 1984). The importance of career-role identification as an element of stress is significant (Gupta, 1981). Career-role identification includes role ambiguity, role overload, role insufficiency and unlimited roles (i.e., responsibility for others). Confusion of these roles creates and compounds stress.

Internal Sources of Stress

Intrinsic to career-role identification is the personality factors that accompany them. These personality factors need to be examined in order to recognize the stress-prone counselor. Although no clear distinction of the origin of stress is possible (Kyriacou, 1987), one area of documented stress is a deficiency of needs. The greater the discrepancy between expectation and satisfaction, the greater the stress (Schwab, 1983). Another influential personality factor is professional identity. This identity can either promote stress or be part of the syndrome.

A crucial element of a stress-prone personality is the individual's perception of the circumstances and the perception of control one feels he or she has over these circumstances. These elements include internal and external demands being made, the inability of difficulty in meeting these demands and the threat of possible failure to one's mental or physical well-being (Kyriacou, 1987). Fruendenberger (1975) describes the stress-prone personality as the "high achiever, the perfectionist, the one who needs to strive harder, is overly dedicated and committed: cannot say no, is competitive and always seeks to do more than he or she can possibly accomplish" (Gold, 1983).

Kaiser and Polczynski (1982) describe two professional

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_____

Type of Program: Interest Session - 1¼ hr., ☐ Round Table - 1¼ hr., ☐ Workshop - 3 hr., ☐ Poster Session - 1¾ hr.

This Presentation is Designed for: (check all that apply)

- ☐ a. All Counselors
- ☐ b. Career Counselors
- ☐ c. Elementary Counselors
- ☐ d. Marriage & Family Counselors
- ☐ e. Mental Health Counselors
- ☐ f. Middle/Junior High Counselors
- ☐ g. High School Counselors
- ☐ h. Student Affairs Professionals
- ☐ i. Special Populations
- ☐ j. Substance Abuse Counselors
- ☐ k. Older Adults Counselors
- ☐ l. Other _____

Description of Presentation: (50-75 words) This will be quoted in the program if you are selected to present.

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Note: A.V. equipment is to be provided by program presenters.

Program Organizer:

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_____

_____

Describe Objectives for Program _____

_____

_____

Describe How Your Program Will Improve Counseling _____

_____

_____

VITA must be submitted for each presenter in order to meet requirements for CEU's.

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orientations: "goal achievement" and "bureaucratic maintenance of order." These authors hypothesize that:

> both orientations are necessary in any organization. Together they create homeostasis . . . Bureaucratic forces keep the organization from meandering: goal orientated forces keep the organization moving toward higher order achievement. Although neither force can succeed alone, the presence of both forces makes stress inevitable (p. 129)

Locus of control is a key humanistic element. The individual with an internal locus of control is far less likely to experience stress than the colleague with the external locus (Schwab, 1983). To look at internal versus external locus of control is interesting in light of the hypothesis of the balance (therefore, necessity) of the "goal orientation" versus "bureaucratic maintenance of order" which Kaiser and Polczynski (1982) discuss. If both personality orientations are necessary for balance in an organization, neither is specifically stress-prone nor stress-free. According to this hypothesis, both could be equally healthy or unhealthy in an individual.

Organizational Influence

Counselors are usually highly trained and competent, yet are often overworked and underpaid. A great deal of energy is directed towards maintaining the organization fiscally, often leaving little time for innovation and reform. The conflict of quality versus quantity is ever present. Insufficient resources and lack of support compound stress even more (DeVoe, Spicuzza & Baskind, 1983).

Counselors face additional stress in increasing caseloads and increased accountability. Compounded pressure and consequentially increased paperwork can represent a significant barrier to therapy on an individualized basis. A subsequent conflict surfaces between the counselor's ideal and reality (Spicuzza & DeVoe, 1982).

Stress is intensified by a lack of adequate support from peers and administration. We are each so invested in our own "stuff" that we can provide little feedback to others. "Loneliness increases because workers have no idea of how they fit into the master plan of their agency, as there is little sharing of expectations, goals, and the problems of the setting" (Spicuzza & DeVoe, 1983, p. 96). The problems and frustrations are further increased as we compare our salaries, responsibilities and skills with other

professions. At one time, high ideals and dedication compensated for lower pay and increased accountability. The counselor under stress now experiences pressures of time, paper work, lack of feedback, lack of support and reinforcement. At this point, these same once idealistic, dedicated counselors now question their commitment to the profession (Spicuzza & DeVoe, 1982).

Burnout's destructive consequences also affect professional organizations and can be very fiscally damaging. Burned out, unproductive counselors waste resources that are already depleted. The "normal" budgetary constraints are ever present, and become even more severe. Low morale, fatigue, tardiness, illness, absenteeism, a sense of hopelessness, and lack of empathy affect peers, clients and the organization itself (Spicuzza & DeVoe, 1982). The counselor's effectiveness is not only reduced but these destructive responses to stress are contagious and undermine morale and the very essence of human services.

STRESS MANAGEMENT

Stress management is really self-responsibility in action. A willingness to change and adapt new behaviors and attitudes are a prerequisite for counselors as well as for clients. A realistic sense of individual capabilities, a healthy sense of humor, detached concern for clients, an ability to delegate responsibility, and an awareness of the counselor's own legitimate needs may deter burnout. The intervention of professional strategies on an organizational level is also needed.

Professional Strategies

DeVoe, Spicuzza, & Baskind (1983) lists some appropriate professional strategies to reduce the chances of burnout: (a) an organizational setting with well-defined goals and sound management techniques, (b) technical and emotional support, (c) participation in decision-making, (d) a variety of job roles to prevent boredom, and (e) opportunity for professional growth.

In addition, fewer working hours, reduction of direct client services, and leaves of absence or varied responsibilities relieve stress and help avoid burnout. Personal attitudes toward oneself and one's work improve with regular physical exercise, hobbies, awareness of proper nutrition, ability and opportunity to relax along with frequent trips and vacations (Spicuzza & DeVoe, 1982).

Although these are the common suggestions any counselor is

likely to propose to a client who manifests symptoms of burnout, the same counselor has difficulty "maintaining the personal or professional objectivity to self-diagnose burnout or to foster the discipline and devote the energy to integrate these strategies into his/her own personal and professional life (Spicuzza & DeVoe, 1982, p. 96).

Mutual Support Groups

Mutual support groups can provide a means to implement professional strategies and intercept and alleviate burnout. Silverman (1980) describes mutual support (or "mutual aid") as a technique that provides people with information on how to deal more effectively with their problems, providing material assistance if needed, and transmitting a feeling of being cared for and supported. "Professional development is facilitated by gaining new information, developing communication and problem solving skills, and providing a setting where the professional feels less alone" (Spicuzza & DeVoe, 1982, p. 96).

The skills that counselors use in their daily direct contact with clients are already part of their repertoire. These skills enable counselors to almost immediately gain support from one another. The results of the work accomplished in such a group is one in which members begin to identify with other counselors regarding their shared problem of burnout and a positive environment is developed that is conducive to change (Spicuzza & DeVoe, 1982).

A mutual support group can be a "continuing interpersonal resource upon which persons depend for the development and maintenance of their effectiveness, rather than an extraordinary intervention to remove deficiency" (Pearson, 1983, p. 362). Such a support group is appropriate for stress prevention and intervention. A mutual support group can address the stress of daily living and also the stress of the developmental process. Limiting the membership to professionals in a common setting is most effective, although various options of location and membership are available.

The process of sharing in a mutual support group increases self understanding while it diffuses the mystery of burnout. It also expands awareness and increases healthy perceptions of the problem, while increasing the knowledge of alternatives. All these processes help members deal with the feeling of helplessness and isolation that burnout can create (Levy, 1979).

A behaviorally orientated group should concentrate on the

development of skills and behavior. Group meetings can include (a) facilitation of the teaching and practice of human relations skills, (b) assertiveness training, (c) realistic goal planning, (d) effective and efficient problem solving skills, (e) time management, (f) systematic self-reinforcement schedules, and (g) the development of skills needed to promote organizational change (Spicuzza & DeVoe, 1982). These skill sessions should focus on processes that disrupt the burnout syndrome. Mutual support groups can therefore provide the social reinforcement that burnout victims have lost. Within the context of such peer support, counselors are in a safe environment to practice new (or renewed) and more effective behaviors (Spicuzza & DeVoe, 1982).

One important behavioral orientation is that members serve as positive models for others. "As the members begin to externalize the problems and define those problems behaviorally, there is a reduction of personal and internal pressure. Once the internal pressure and negative feelings about self and the professional situation are relieved, workers become more effective problem solvers" (Spicuzza & DeVoe, 1982, p. 97).

Growth, development, and change are possible only when risks are taken. Risk taking is facilitated by positive reinforcement, appropriate models, and a supportive, conducive atmosphere. Risks include considering new ideas, practicing new behaviors, establishing new or meaningful relationships, and self-disclosing (Spicuzza & DeVoe, 1982). Of course group members need always be encouraged to define goals in terms of their own individual development.

It is important to stay focused and keep in mind the purpose of the mutual self-help group. Overdisclosure can be antiproductive and can even create further, unnecessary stress. A sense of pressure to overdisclose is sometimes developed by counselors who are trained to facilitate encounter groups. Members need to restrict activities, discussion and experimentation to the boundaries of the group's focus (Spicuzza & DeVoe, 1982).

CONCLUSION

The tragedy of stress in the counseling profession is that the helpers are themselves so very helpless. We are trapped in our own web of being other-centered. We give and forget to keep some for ourselves. This frustration leads to isolation, which leads to anxiety. The more secrets we keep, the more we have to keep.

The secrets are not necessarily big ones. Perhaps there is a small resentment: "She has a new desk and I don't." The shame of such "pettiness" is too much for an altruistic counselor so secrets mount and the guilt piles higher.

The solution is simple. It is the very solution we offer to our clients: *Talk about it*. We must realize our own needs first. There must be elements of self-care, administrative support and a mutual support system. The one missing ingredient is TIME. Mental, physical and emotional health are vitally important. Stress management must be a priority. We cannot continue to ignore this problem. Burnout is too costly in terms of labor-management (i.e., training new people), health-related expenses and the wear and tear on our psyches.

Although the solution is simple, the method is complex. We need to talk about these stresses, but unless this talk is facilitated, we simply don't feel we have permission (much less a free hour!). Frustration can and will be diffused easily and quickly with some time and patience.

At some time, each of us has experienced the pain of feeling "different" and removed from those with whom we are closest. One of the great tragedies of burnout is that it builds walls, not bridges. One of the greatest achievements of mutual support groups is the healing of relationships and the fostering of growth, interdependence and support that such work-site groups can facilitate.

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"BARK" and "PEAK" Two Models of Married Life

Robert E. Saltmarsh

Struggling Marriages	vs	**Renewing Marriages**
Background		***P***attern New Responses
Anticipations		***E***xamine Results
Rudeness		***A***ctivate Resources
Knicks		***K***eep What Works

*B*ACKGROUND *A*NTICIPATION *R*UDENESS *K*NICKS

The BARK pattern is a way to remember some of the influences which effect many marriage relationships. These four symbols are easy to remember and we can develop new choices for them when things go wrong. The following discussion of each part is designed to acquaint husbands and wives with the details of these influences and to build a foundation for more satisfying relationships.

*B*ackground

There are two categories of background which effect loving relationships: "Wholesome" and "Troubled." When either or both persons have grown up in a wholesome family background, it is likely that there are useful attitudes and behaviors which are natural and well learned. These learnings will support a whole array of skills required to get through conflicted times. These skills are also very helpful in the satisfying and enjoyable parts of being married. Since wholesome backgrounds tend to have occurred by either accident or evolution, they occur less frequently than the troubled backgrounds.

When the ***B*** for background is a dominant force for the couple, one result is that the past becomes a major guide for how to live in the present. While history is an important area of study and its lessons often prevent mistakes such as Pearl Harbor from easily recurring, history also often distorts the present so that the nuclear arsenal of the world continues to grow at the expense of many

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other things essential to the quality of human life. Similar patterns occur in marriages. Once injured, new arsenals of defense are constructed and many marriages are really miniature arms races designed to avoid vulnerability and maintain an edge of power whenever possible. Such races consume the energies in the marriage and little is left for enhancement enjoyability, mutuality, and positiveness.

When distress arises, there is a frequent message offered: "I can't help it, that's just the way I was raised." All forms of this message, at crisis times, are deadly. Even in non-crisis times, the excuse implied in the message prevents the maturity of making new choices.

Troubled backgrounds are quite common. Not because of evil-minded parents necessarily (although there are a few of those who rattle our collective cage), but rather because our ancestors did not have any experts to teach them how to do marriages well. Therefore, each generation has had to experiment in order to improve their ways of being married.

All experiments are attempts to do something that one does not know how to do. Even the best of our scientists must experiment through many mistakes before learning the truth about how to do those things that are important in the best ways possible. What then may be expected from the millions of naive experimenters who leave the wedding altar with backgrounds of family stress, threat, competition, dominance, submission, mental or physical brutality, uproar, and unrest?

Across the ages, brides and grooms at the threshold of marriage are entering a project for which they have hardly any training or formal preparation. Newly entering employees in almost any field tend to have more preparation for their jobs than for the marriage which implies a life-long demand for intricate and complex skills. For many of these couples, the only guide available is the background from which each has learned how to grow into adulthood —or into whatever age at which the marriage occurs.

There is a special background quirk that sometimes warps relationships by producing counter patterns: People who grew up in families that permitted no arguing, loud voices, or stressful emotion sometimes adopt "explosion" as a relationship style. Other who survived explosive family life seem to make a vow to never express distress in their marriages. Either extreme can erode the "today" humanness of partners as they continue to react to the "yesterday" difficulties of home life.

There are many very valuable parts in each person's background. There are also many obsolete and/or destructive parts in the backgrounds of each of us. The ability to decide which is which and to use only those parts which are useful is the real challenge in making for a wholesome and maturing drama in the day-to-day challenges of being married well.

Anticipation

When lovers select each other for mates, they often do so on the basis of erroneous information. The assumption that the charming companion of the seventh meeting is the same person as the beleaguered spouse of seven years can be astonishingly inaccurate. Nevertheless, spouses of the seventh year often arise each morning in the anticipation that their mates will somehow manage to behave according to the fantasies near or at the seventh meeting (date, picnic, dance, etc.)

An additional set of anticipations develop as the result of gossip and news about how other spouses are "doing it." These chunks of information apply to religion, sexual behaviors, meal preparation, money management, parenting, and a host of issues which demand the resources of the relationship. Often the anticipations are kept private by each of the partners. The result is that each is measured by the other according to "secret" criteria. The resulting disillusions are often puzzling. Decreases in warmth and welcome are unexplained and the "offending" partner is left guessing about his/her transgressions.

At this point the "offended" partner is tempted toward a morose trap: "If my spouse really loved me, I wouldn't have to tell him/her how to 'do it right.'" The romantic assumption that true love creates a spiritual communication system that never makes mistakes is truly unfortunate. It often creates the conditions that lead to disappointment and despair.

Moral structures also contribute to anticipation. At the wedding altar many couples believe that their two moral structures are identical twins. As life events unfold, many marriages are carried into convulsions as the partners discover that what each has spoken often varies with what each is doing. Matters of eternal devotion, sexual performance and exclusivity, financial honesty, physical violence, and mutual enhancements are among anticipations proscribed by various codes of morality. The codes are occasionally violated. As each person clings to obsolete codes or violates well-formed codes, the capacity for disillusionment

increases.

Another word for anticipation is *expectancy*. Simply put, when either member continues to expect things that are not going to happen the result is misery. Maturing love relationships are continually revising these expectancies in order to match the truths of what is available. This often means that one spouse, at any given moment, may have to relinquish a very precious expectancy or face a life of continuous frustration. The two other options are going crazy or getting divorced.

Rudeness

People who have lived together for a period of time tend to be much more rude to one another than either would ever be to complete strangers—even strangers who might do offending things! Courtesy, which is usually a feature of the courtship, may easily lapse with familiarity. The very people who are the most important are often the targets of mindless habits of insult, accusation, competitiveness, ego struggle, and exploitive humor. At social moments conversations often turn to the "stupid" things done by a spouse. The resulting counter-attack then mounts up to another cycle of win-lose between "lovers."

Couples in private show an easy willingness to ignore each other, to do what annoys the other, to purposely withhold what each other wants, and to operate in a "me-against-you" fashion. Competition is an exciting and enticing part of the Olympics and other athletic events. Competition is an inappropriate motive in the management of loving/caring relationships.

The "Gender Contest" is an unfortunate legacy from human history. When couples transcend it and discover that it is not necessary to control the other by means of threat, intimidation, and "winning" they are elegantly surprised. In loving relationships, "WINNING ISN'T EVERYTHING—IT'S *NOTHING*!"

Rudeness is supported by ***B***ackground and ***A***nticipations. It, thus, is easily accepted as inevitable and becomes installed as a habit. Even if ***R***udeness is unnatural for one partner, it will eventually emerge in response to the other's ***R***udeness.

The antidote for ***R***udeness is courtesy! Being polite to the one you love may sound like a simple proposal for a miserable marriage, but it's also not very expensive and may be worth the try. Conversely there are the cases of the ultimately polite miserable marriage. There is ample evidence that courtesy by itself is insufficient. However, if courtesy has been absent over a period

of time, replacing it may be the obvious place to begin. If a bit of warm humor is added, people may start to fall in love again. If the exchanges remain at the level of rudeness, loving, at least has to limp along.

Knicks

Memories are the means by which being married is evaluated. "Good marriages" have a lot of good memories that are easily activated and talked about—even relived. In the ***BARK*** model of marriage, it is easier to remember the bad stuff. All ***K***nicks that each has taken from the other are kept preserved and frequently totaled up in the desolate effort to find out which one is to blame for current miseries. Locating blame is a consuming process for many couples. The process seldom leads to useful outcomes.

Once the ultimate blame has been properly placed—what then! (1) Punish. (2) Forgive. (1) If one spouse finally arrives at the complete privilege of punishing the other and the punishments are adequately delivered—what then? (A) Clean slate. (B) Revenge. (2) If one spouse manages to forgive the other (guilty) one—what then? (A) Clean slate. (B) Indebtedness. Clean slates are true myths. The punisher is the inflicter of pain and as such, will eventually arouse counter-punches. The forgiver becomes a benefactor and, as such, keeps the forgiven person in debt.

Searching for guilt and placing blame are among the most destructive patterns between people who care about one another. Therefore, when memories are focused on ***K***nicks, the cumulative result is more ***K***nicks.

The antidote for ***K***nicks is to refocus on positive memories, assests, and resources that are there in the relationship or are there because the relationship has yet to be broken. While this may appear to be a "count your blessings" message, it is much more intricate than that. As each person evaluates the quality of married life, there are many of its positive components which have descended to the unconscious level. Pain seldom descends to that level. Therefore, pains are much easier to count than are the plusses.

There is also a phenomenon called "zero-leveling." What it means is that when something good happens, that's the way it's supposed to be. (In other words, it gets the beleaguered person up to the "zero level.") When something bad happens, it takes the person down below what's supposed to be and the full deficit is experienced as pain.

A simpler way to understand it: When things are okay, a person sleeps well; when things are not okay, the person tosses and turns and has bad dreams. The end result of all of this is that our triumphs are only briefly noticed while our disappointments ferment forever (or, at least, for a good long time).

In assessing one's married life, it is a very useful thing to include all of the events and to get beyond the zero-level by acknowledging and valuing the good stuff—even though it's not as easy to remember as is the bad stuff.

PEAK

*P*resent New Patterns and Practice Them

When the old patterns are not getting you what you want, it is a reasonable proposition to try something different. In the ***PEAK*** model of marriage it is well understood that perseverance, ritual, and tradition are virtues only until they become stubborness. When old patterns are repeated, they reliably get the same or similar results. Therefore the ***PEAK*** model requires a constant ***E***xamination of results.

A young couple had the following complaint: She: "He is an incurable romantic." He: "She is no longer warm and tender."

Early in their courtship, during student days, he had surprised her with a single red rose. She was thrilled! Subsequently when she would become disturbed over money matters or other typical married life difficulties, he would attempt to heal things by having a single rose delivered to her. What had once thrilled her now infuriated her and indeed left her cold and unyielding. He made relentless efforts to get the original results by repeating a pattern that had become obsolete, as well as a symbol to her that their conflicts could not be confronted in a mature manner. He remembered only the early result and failed to examine the present results even though they reliably repeated themselves.

Upon entering the ***PEAK*** model he would have done the following:

Present an entirely new pattern at the threshold of conflict. Even if he did not know how to do it well, he would examine the results and note whether they were preferable to the "one rose" sequence. If they were, he would ***p***ractice as well as continue the search for additional ***p***romising ***p***atterns. He would ***A***ctivate ignored resources such as a serious appraisal of problem areas,

Acknowledgement that loving people do fluctuate in closeness, or ***A***ppreciation of his wife's managerial abilities as well as her "kittenishness."

Continuing to ***E***xamine results he would ***K***eep only those patterns that get better results than the old ones and discard those which do not.

First Order Change and Second Order Change

When functioning in the ***BARK*** rather than the ***PEAK*** model, spouses typically demand **Second Order Change** (change made by the other person). Sometimes this even advances into third and fourth order demands. A typical Third Order demand is that one's parents magically remove all of their parenting mistakes and make a replacement childhood that is perfect. Other Third Order demands include changes in "company policy," cultural malfeasance, or political structures. Fourth Order changes are those which involve the universe, God's master plan, and polar magnetism, etc. Obviously an individual has precious little control over Third and Fourth Order change, unpredictable influence over Second Order change, and COMPLETE CONTROL over First Order changes.

In the ***PEAK*** model, one never exhausts the possibilities of creating new First Order patterns. One objection often raised this suggestion is something like "but that wouldn't be the real me" or "I'd feel awkward doing something different." Human experience is filled with challenges to the "real me." There is not one person who is born a "real typist." Every typist goes through painful and unreal training of each of the ten fingers and further through sieges of awkwardness during early timed exercises. Metaphorically, almost every pattern of skill possessed by each one of us has required the same unrealness and awkwardness. Acceptance of these phenomena is critical to success in the ***PEAK*** model of marriage.

Two considerations underlie First Order competence.

1. If you keep doing the same things, it is highly likely that you'll keep getting the same results.
2. If you do something different, it is highly unlikely—though not under your control—that the other person(s) will be able to maintain the old response patterns.

There is now sufficient evidence to support the idea that we humans cannot avoid having effects upon one another. Even quiet, passive members of groups eventually become noticeable within

the dynamics of the group. Our confusion has been that other people are ultimately controllable. With gun or threat, the rascists and aristocrats of our history have demonstrated profound control (until the revolutions or defeats). But fascism has little to promise in love relationship. There is no ultimate control over others. There is only inevitable influence. That influence is generated from first order choices. In the ***PEAK*** model those choices are symbolized by the ***P*** ***P***resent ***P***atterns ***P***ractice and perhaps a fourth ***P*** for ***P***ace.

To pace means to match a pattern or a cluster of patterns offered by another person. Simple paces include breathing at the same rate and depth as the other person, or matching postural or movement characteristics, matching eye blinks or voice tempo or volume. Complex paces include matching attitudes and representation systems. There are essentially three major representation systems (the sensory channel preferred for exchanging information and meaning between people). The three are Visual, Auditory and Kinesthetic. A person relying on a visual system functions best with images, either internal or by being shown pictures, graphs, maps, and other image-making information. One relying on an auditory system is highly responsive to sounds and to words. Finally, the kinesthetically oriented person relies heavily upon body feelings and sensations, and the emotional components of experience.

In the earlier example of the "rose couple," she was relying upon an auditory assessment of their conflicts and wanted to "talk them over seriously." He was relying upon his kinesthetic preference to have good feelings between them and to avoid the discomforts of their tensions and differences. Neither was pacing the other.

In the ***PEAK*** model, each person develops the flexibility to function in each of the three systems. At crisis times especially each can match the system of the other. Many times, this must be done alternately and forms the foundation of empathy between the two. When pacing is unavailable, the squabbles are either won by one partner at the expense of the other or they become impasses between the two.

Complex pacing may require an exquisite ability when the stress is high and defenses are on the rampage, to relinquish one's battle gear and do something that the other person is doing. If it is different enough from one's established pattern, there is a distinct chance that the other person will be unable to continue on the

same battle path. The important thing to do whenever presenting a pace or a new pattern of any kind is to *E*xamine the results. If they are better than the old ones, keep the new presentations and practice them. If they are not, change the presentation in some way until desirable new results appear.

BARK ►►►►► *PEAK*

I Can Run My Relationships This Way
Background
Anticipates
Rudeness
Knicks

— OR —

This Way
Practice & ***P***resent New ***P***atterns
Exam Results
Activate Resources
Keep What Works

Activating Resources

When one of us accomplishes the unexpected or the impossible, resources have been activated in new and novel patterns.

Resources include: new words, different images, novel movements, different sequences, new perspectives, unused strength, revised assumptions, invented ideas, shifted feelings, reversed patterns, revision of obsolete beliefs, etc.

Unless you've seen this before, you'll have to use a novel resource to solve this simple problem: Arrange seven matches as shown:

VII = I

Now move only one of them to make an expression of accurate equivalence.

One must create new patterns, examine results of each, activate novel resources and keep doing all three of these things until the desired outcome is established. "Bark" relationships keep doing the same things in the same ways.

"Peak" relationships are continually evolving because they are not bound by dysfunctional habits, rituals, or beliefs.

One very important resource is that of being able to identify

and question the assumptions that are required for unhappy patterns to exist. A prominent example of a silly assumption among disappointed lovers is the following: "if only he/she really loved me, I wouldn't have to tell what it is that I want"! This assumption holds that true love provides a lover with accurate mind-reading abilities. The unhappy results that follow this assumption are well documented.

When the next unhappy result arrives in your life, it can become a remarkable resource! The reason is that it can direct you to examine the assumptions that support the patterns which have yielded poor results. The examination will lead to revised assumptions and new resources can be activated. Think of this: none of us are ever again required to repeat patterns that do not work! That is a fascinating resource in itself.

Keep What Works

This last part is filled with both promise and peril. It is promising because effective and useful patterns begin to fill up one's daily living processes and pleasing results happen more frequently.

It is perilous because satisfaction is often the antecedent to apathy. To put it another way: success strongly inhibits further change. Quite frequently successful people are not very pleasant to be around. One reason for that is that many of them become "true believers." Their evidence of success is overwhelming support for the "rightness" of their version of the truth.

Sometimes this happens even when people are not "successful" but rather when they gain an edge over other groups of people by being institutionalized as "RIGHT." Teachers, policemen, parents are good examples of "right people" and they are often not very pleasant to be around.

In personal and loving relationships, the struggle to be the right one is often quite perilous and lends its destructive pathway from the alter to the divorce court quite easily.

None-the-less the ***K*** retains validity **_Keep Only What Works_** is not the same as **keep only what has worked before**. The moment a pattern that has worked is no longer working is the time to re-visit ***P***! ***P***repare and ***P***ractice and ***P***resent a new pattern. In this way the ***K*** does not become permanent but rather serves as a guide for the continual search and revision of wholesome experience and creative choice making.

BARK or ***PEAK***. The choices are indeed yours to make and by which to live.

Career Services: Alumni versus Enrolled Students' Needs

Judith A. Hinga

This research study assessed the career services needs of alumni and currently enrolled students. Fifteen areas of Career Services offerings were surveyed: 1) individual counseling, 2) written career surveys, 3) use of DISCOVER, 4) career exploration, 5) career transition, 6) resume writing, 7) job search strategies, 8) interviewing skills, 9) employment opportunities/postings, 10) careers as they related to majors/degrees, 11) employment trends data, 12) networking strategies, 13) recruiter access, 14) on-campus job fairs, and 15) internships. The two groups were compared by use of a t-test in order to ascertain any differences that may exist. At 0.01 level of significance only one item was significant. Alumni expressed a greater need for career transition workshops than did currently enrolled students.

Traditionally, American education training program has focused on entry level job training to the near exclusion of other levels (Reece, 1985). This would imply that higher education is not meeting its responsibility to serve alumni populations; yet they depend upon their alumni for support. Very little research can be found which deals with alumni career services needs. One study did recognize the need for career assistance for alumni, but more frequently alumni have been discussed in terms of acting as mentors (Bjorkquist, 1987; Smith, 1989) and as career networking resources (Brown, 1984; Brock & Yerian, 1986). This again implies that alumni are not experiencing problems with career related issues. Though studies have examined alumni outcomes and placement rates (Brunswick Foundation, Inc., 1983), it appears that little attention is paid to the continuing need for career services programming beyond graduation.

In addition to the scanty research studies dealing with alumni

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career services needs, there is even less research dealing with re-entry adult alumni career services needs. A study done with re-entry adults at Ohio State University (Association for the Study of Higher Education [ASHE], 1984) recommended that career services create a program that would help these students when they enter the university as well as when they leave. The meaning of this recommendation may address alumni needs, but it is unclear whether they are talking about placement or ongoing services.

Another study which addressed the needs of re-entry adult students conducted by the State University of New York at Albany (Corrado & Mangano, 1982) suggested that higher education needs to change the focus of career services to include "career changes and lifespan development" (p. 5). In order to address this issue, they expanded career services in the area of job placement and career counseling. However, again, there is no mention of a continuation of such services for re-entry adult alumni.

This research study was initiated because of the lack of information available in the profession which assessed alumni career services needs. Specifically, the focus was on re-entry adult alumni. The purpose was to ascertain what differences and similarities might exist for currently enrolled adult learners and alumni adult students in the area of career services.

METHODOLOGY

Subjects

The participants included 159 currently enrolled graduate and undergraduate students and 83 alumn (N = 242). An analysis of the demographic data collected showed that: 1) the median age of the subjects was 36, 2) 68% of the subjects were female, 3) 11% were minorities, 4) 72% were married, and 5) 45% of the currently enrolled subjects were graduate students.

Procedures

A written questionnaire was mailed to one thousand randomly selected subjects. Subjects were selected by computer from the Office of the Registrar and from the Alumni Association records. Five hundred of the subjects were currently enrolled students, both graduate and undergraduate. The other five hundred were alumni. The questionnaire (Appendix A) consisted of a list of 15

career services. Subjects were asked to rate their need of each service on a Likert scale. The need categories ranged from "don't need" to "extreme need."

Twenty-four and two-tenths percent of the one thousand surveys mailed were returned. Eighty-three alumni and 159 currently enrolled students were included in the research study.

Data Analysis

Data were analyzed using the *t*-test, comparing alumni and currently enrolled students on all fifteen items (Table 1). Any item which was at, or exceeded the .01 level of significance was considered significant. Comparisons were also made by sex, race and marital status. There were no significant differences using these variables.

Table 1
Comparisons of Career Services Needs for Currently Enrolled Students and Alumni

		Percent Agreeing			
		Alumni	*Current Students*	*value*	*level*
Foil	1	57.3	63.0	-0.56	.59
	2	56.3	45.3	1.15	.25
	3	53.9	50.3	0.37	.71
	4	64.9	52.6	1.28	.20
	5	77.6	52.3	2.58	.01
	6	72.4	68.0	0.43	.66
	7	85.7	90.1	0.42	.67
	8	67.1	61.7	0.53	.60
	9	11.5	9.3	0.23	.82
	10	86.8	82.7	0.40	.69
	11	88.0	93.5	0.57	.57
	12	93.2	79.2	1.34	.18
	13	77.3	85.4	0.74	.46
	14	78.4	79.6	-0.11	.91

RESULTS AND DISCUSSION

For the fifteen categories of career services offerings included in this study only one item was statistically significant. Alumni saw a greater need for career transition workshops than did the currently enrolled students. On the other fourteen needs categories, the amount of need was similar for both groups.

When the results were analyzed by combining alumni and currently enrolled student responses, the categories seen by both

as most needed were: 1) job search strategies workshops, 2) instruction relating careers to majors, 3) information about employment trends, 4) tips on networking, and 5) opportunities for recruiter access. Those services seen as least needed were: 1) administration of individual written career surveys, 2) computerized career exploration offerings, and 3) postings of employment opportunities. Individual career counseling sessions and resume writing seminars were of some interest to both groups but these services were not strongly needed.

The trends seen in this research study may have been a function of the unique student body of Governors State University. Governors State University is an upper division public institution with an enrollment of 5200. The average age of the student body is 35 with females comprising 61% of the population. The average age of subjects for this study was 36. It could be hypothesized that returning adult students' career services needs vary from traditional students' needs.

This research serves to help career services professionals focus upon both the career services needs of their alumni and upon the needs of enrolled students. It also suggests that, though services traditionally offered by career services are seen as needed and helpful to alumni, career transition programs are of special interest to them.

Given the scanty research dedicated to the career services needs of alumni, broad conclusions cannot be derived. However, trends to emerge. Further research is needed to explore alumni and enrolled student populations' needs, so that university career centers can provide what is seen as most important to its constituents.

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Appendix A
Governors State University
Office of Student Development

Career Services Survey

1. Age: _____
2. Sex: _____ Male _____ Female
3. Race: _____
4. Marital Status: _____
5. Undergraduate degree seeking _____
   Graduate degree seeking _____
   Other _____
6. Grade point average: _____ A _____ B _____ C _____ D
7. Year: _____ Jr. _____ Sr. _____ Grad.
8. Major: _____
9. Employment Status: Employed _____ Unemployed _____
10. Reason(s) for furthering your education: (check all applicable)
    _____ Career change preparation
    _____ Professional advancement within present career
    _____ Entering work force (first time)
    _____ Entering professional career
    _____ Personal satisfaction with no career related goals
    _____ Other: please specify: _____

11. To what extent do you feel you need the services listed below? Circle the appropriate number.

	Don't Need		*Extreme Need*
Individual career counseling	1	2	3
Administration of written career surveys	1	2	3
Career exploration sessions with Discover (computer program)	1	2	3
Workshops for career exploration	1	2	3
Career transition workshops	1	2	3
Resume writing instruction	1	2	3
Job search strategies	1	2	3
Interviewing skills rehearsal	1	2	3
Employment opportunities/ postings information	1	2	3
Workshops describing careers as they related to majors/degrees	1	2	3
Employment trends data	1	2	3
Networking strategies	1	2	3
Recruiter access	1	2	3
On-campus job fair interviews	1	2	3
Establishment of internships with area businesses	1	2	3

Other suggestions, please: _____

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